

## D&amp;H ALTERNATIVE RISK

ATTN: Kristin Wilkinson

FAX: 973-940-1852

CLAIM#: PJWC 085211

## GREGORY S. GALLICK, M.D.

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

2780 MORRIS AVE, SUITE 2-C

UNION, NEW JERSEY 07083

(908) 686-6665

FAX (908) 687-7507

Time In: 11:54Time Out: 12:09Name: Antonio Cortes Date: 9-29-23Diagnosis: Contusion / Abrasion @ kneeHave you prescribed any medications? NO YESWill this medication affect their ability to work? NO YES☐ Temporarily Totally Disabled for:

\_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

☐ May Return to Work/School Full Time ☐ Part Time ☐☒ May Return to Work/School with Restrictions:

	No	Occasionally	Intermittent
Squatting	<u>✓</u>		
Stooping	<u>✓</u>		
Kneeling	<u>✓</u>		
Bending	<u>✓</u>		
Running	<u>✓</u>		
Jumping	<u>✓</u>		
Climbing	<u>✓</u>		
Turning			
Lifting	<u>0-10 lbs.</u>	10-25 lbs.	25-50 lbs. None
Carrying	<u>0-10 lbs.</u>	10-25 lbs.	25-50 lbs. None
Standing	<u>15 min.</u>	30 min.	60 min. 120 min.

then after 30 minutes of rest may return to standingReturn to Work/School Date: Now

Return to Sports Date: \_\_\_\_\_

Drive: ☐ Yes ☐ NoRemarks: physical therapy x 2 weeksSignature: [Signature]

Next appt 10/13/23 @ 12:00

GREGORY S. GALLICK, MD  
2780 MORRIS AVE. 2C  
UNION, NJ 07083-4848

September 29, 2023

Patient: Antonio Cortes DOB: 11/11/1990  
30 Allison Road  
Roselle, NJ 07203

89021

**PHYSICAL THERAPY PRESCRIPTION (KOPA)**

**DX:** ABRASION/CONTUSION LEFT KNEE

ROM, ice, quad(leg extensions), hamstring sets, ultrasound and electric stim.,

For: 3 times per week for 2 weeks.

\*\*\*PLEASE SEND PROGRESS NOTES WITH PATIENT FOR THEIR NEXT APPOINTMENT\*\*\*

\*\*\*DO NOT FAX PROGRESS NOTES TO OUR OFFICE\*\*\*

A handwritten signature in black ink, appearing to be 'G. Gallick', written over a rectangular stamp area.

Gregory S. Gallick, M.D.  
Tax I.D. # 22-2677509  
Phone #: 908-686-6665