

Patient Treatment Form

Initial Evaluation Information

Job/position Title	Post-Accident DS (Circle) Y or N	SSN 000-06-2352	DOB 04-12-1970	Age 53	Sex M
Past Medical History HTN	Last Tetanus: (Circle) <5 years >5 years	T P	R Y	Ht. 72	Wt. 284

Current Visit Information

Drug Allergies: N/A	Post Acc DS? Y / N	BP 128/82	Patient's Statement: PT states the left side is improving the right side still in pain 6/10
Current Meds: Amdophine	LMP	Nurse's Signature: MC	

Physician's Notes (Continue on Back)

- 6: Improving slowly i PT has LBP 6/10 5 radiating / numbness / numbness. Taking 1mg bupropion. Complains 12 PT sensation plus numb. Pain localized to @ upper / mid back. over.
- 0: L5/S1 - @ PTP @ upper lumbar / lower Thoracic area 5/6 pain / numbness 5/6 leg sitting 90° / sitting 45° => LBP. bad with tandem pain heel / toe intact. DR's LE = Motor 5/5

Treatment Plan (Include all procedures performed and supplies given)

VIS received: _____
Patient's Initials

Discharged on the 6/10
Wellness problems

- ☐ Initial Evaluation
☒ Follow-up Visit
☐ Other: _____

PATIENT STATUS REPORT
IRONBOUND MEDICAL SERVICES
221 Chestnut Street, Newark NJ 07105
Phone: 973 878-3990 Fax: 973 878-3991

TBCC: _____
Drug Screen Done? ☐ yes ☐ No
Further Testing? ☐ yes ☐ No

• Patient's Name: James Jr., Nathaniel Date of Visit: 04-27-2003 Injury Date/Time: 03-10-2003
• Employer: PISC Tel No.: _____ Light Duty Avail. (circle) Always yes No Pls Call
• Insurance Company: D & H Appointments: (circle) On/Off work hours

DIAGNOSIS

L5 pain - L1 med4 pa L3/4 discitn

TREATMENT (Circle) Ace BurnTray Cane Crutches Exam EyeTray
Dressing DTshot ForeignBodyRemoval LumbarSupport Morgan Lens NailCautery
NS Irrigation Prescription Splint SteriStrips SurgicalTray SutureRemovalSet
Sutures Toradol60mgShot TubeGauzeDressing VisionTest X-ray Others:

WORK STATUS

- ☒ Out of work
☐ Return to full duty on ___/___/___ without restrictions
☐ Pending Intek ☐ Pending Drug Screen
☐ Return to light duty on ___/___/___

with the following restrictions:

- ___ No lifting/carrying over ___ lbs.
___ No pushing/pulling over ___ lbs.
___ No bending/stooping
___ No climbing/kneeling
___ No reaching overhead
___ No driving
___ No use of LEFT/RIGHT
___ Alternate sitting/standing
___ Other: _____

Patient time in

8:15
AM

[Signature]
Patient's Signature

APPOINTMENTS

- ☒ Discharged on the 6/10
☐ Return to IMS on ___/___/___ @ ___ a.m / p.m
(If patient fails to return within 48hrs. of appointment they are automatically discharged on full duty unless a valid excuse is produced.)

Patient's Initials: JN

REFERRALS

- ☐ Physical Therapy 3X per week thru 2 weeks
☐ Tests:
☒ Specialist: on the 6/10
Dr.: _____

Patient time out

Telephone: _____
Appointment: Date: ___/___/___
Time: _____

10:56

Has Patient reached MMI Yes ___ No ___

[Signature]
Physician's Signature

State of New Jersey
PRESCRIPTION BLANK

IRONBOUND MEDICAL SERVICES
CAMILLE M. RIGOGLIOSO, M.D.
221 CHESTNUT STREET
NEWARK, NJ 07105
973-878-3990 FAX: 973-878-3991
NPI # 1295909646

LICENSE # 25MA06112000 DEA # BR6452572
IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT James Jr, Nathaniel

D.O.B.

ADDRESS

DATE

4/27/23



PT 3x/w x 2u
L1 med/eta
L3L4 1770



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL _____ TIMES

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW