WALKER, Randolph (id #12477962, dob; 12/14/1975)

Medical Records - CONFIDENTIAL

FROM: NJ - .Summit Medical Group

Caitlyn P 1500 PLEASANT VALLEY WAY, WEST ORANGE, NJ 07052-2956

Phone: (973) 669-5600 Fax: (973) 669-0269

TO:

Name: WALKER, RANDOLPH

DOB: 12/14/1975

Date Range: 12/16/2022 to 12/16/2022

This document contains the following records of the patient:

• Admin Documents • Imaging Orders

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Admin Documents

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WALKER, RANDOLPH #12477962 dot: 12/14/1975 WORLDS | ISOS/Sessiont_ORTRO 1873 MANOR OS: APT 3 UNION, NJ 07063 D: (973) 277-0319 x;

Visit Date: 12/16/22 DOI:	Physician: <u>PNUNOLADIC</u> Claim#: Contact: Pax: <u>Q+3-940-185</u>	
DX/ICD10:		
Work Status:	——————————————————————————————————————	
May return to work- no restrictions	•	
May return to work- with restriction	ns as follows:	
General	Lower Extremity	
□ No repetitive bending.	☐ No weight on extremity	
☐ No lifting > lbs.	☐ Must use crutches/walker	
Sedentary work	☐ Must elevateextremity	
☐ Unable to drive	☐ No squatting	
□ No climbing/stairs	,	
Upper Extremity	t .	
🖸 No use of right/left arm		
🖸 No overhead work	Other'	
No lifting > lbs with right/left arm		
☐ No repetitive gripping/grasping	£	
□ Umited keyboarding	□	
Treatment Plan Physical Therapy/ Occupational There Modication Surgery: Other: Mas achieved MMIT Yes No Already working? Yes No		
Discharged? Yes No Estimated Time to Full Buty:		
Next Aspointment: 01/13/20 2	3 C 10,30AM	
☐ Employee was a "No Show" for this a ☐ Appointment was rescheduled to:		
Physician's Signature:	Date: 12-16-11	
PLEASE FORWARD TO THE WC/MVA DEPT-1	FLORAL AVE BUSINESS OFFICE Fax: 908-790-6577	
rom #321 Rev 7/2021	Page I of 1	
WALKER, R 12/14/75 #124	777962 WCHXIER	

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Imaging Orders

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SUMMIT MEDICAL GROUP • 1500 PLEASANT VALLEY WAY, WEST ORANGE NJ 07052-2956

WALKER, Randolph (id #12477962, dob; 12/14/1975)

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Imaging Order

12/16/2022

To Provider	From Provider
SMG IMAGING	Submitted by:GREGORY PINKOWSKY MD Supervising Provider:
1 DIAMOND HILL RD BERKELEY HEIGHTS, NI 07922	Department: WOrange 1500Pleasant ORTHO Address:1500 PLEASANT VALLEY WAY IST FLOOR,
Phone:	SUIT E 101
Phone: (908) 277-8673 Fax:	WEST ORANGE, NJ 07052-2956 Phone: (973) 669-5600
Fax: (908) 277-8774	Fax: (973) 669-0269

Imaging Order Information

Diagnosis	 Pain of left shoulder joint ICD-10: M25.512: Pain in left shoulder
Order Name	Orders included: 1
	Pain of left shoulder joint ICD-10: M25.512: Pain in left shoulder • LEFT/SH MRI shoulder (left) w/o contrast
	NOTE TO IMAGING FACILITY: posterior labral PAMA AUC: Scored by: Stanson (G1010) HCPCS Modifier: MF NPI: 1699932137 Consultation ID: 28GGJHF6HL
Order Number	254724580-H-2983
Notes	

Patient Information

Patient Name	WALKER, RANDOLPH ID# 12477962	
Sex - DOB - Age	M 12/14/1975 47yo	
Address	1872 MANOR DR APT B UNION, NJ 07083	
Phone	H: (973) 277-0319 M: (973) 277-0319	
Primary Insurance	None recorded.	
Secondary Insurance	None recorded.	

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GREGORY PINKOWSKY MD