

160 E. Hanover Ave., Ste 201 Morristown, NJ 07960

1125 Route 22 Bridgewater, NJ 08807

333 Mount Hope Ave., Ste 140 Rockaway, NJ 07866

579 Cranbury Rd., Ste H East Brunswick, NJ 08816

Mailing Address: P.O. Box 2266, Morristown, NJ 07962

Phone (973) 538-0900

Fax (973) 538-0909

Brief Note / Office Visit Summary - Worker's Comp

Patient: GARRY HOWARD

Physician: Dr. Charles Gatto, M.D.

Date of Service: 12 05 23

Employer:

Ins Co: D & H

Claim#: PJWC085939

DOI: 10/31/2023

NCM: KRISTIN WILKINSON

Phone: 973-940-1851

EXT: 259

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: /

possible cert raprolation

Treatment Plan:

mut-cent splace medy/sermod/pt ush Hoch

Work Status:

No Work

Full Duty with No Restrictions

Restricted Duty: The patient is **Able / Unable** to do usual job with following restrictions:

Restrictions:

Lifting: up to _____ bs. Drive for Work: Yes / No

Sitting:

Yes / No

Standing: Yes / No

Yes / No Walking:

Pushing/Pulling: up to _____ lbs. Bending: Yes / No

Q Climbing: Yes / No

Overhead Activity: Yes / No

5 Minute Breaks Each Hour

Estimated date of return to usual job with some restriction: **Estimated** date of return to full and unrestricted duties/activities:

Has patient reached Maximal Medical Improvement?



Follow up Visit:

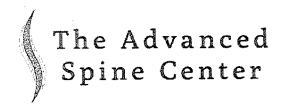
12/22/23 10/5 AM

Charles A. Gatto, M.D. Spine Surgery

Jason Lowenstein, M.D. Pediatric/Adult Scoliosis Spine Surgery

George S. Naseef, M.D. Spine Surgery

From:9737532150



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> 720 US 202/206 North, Bldg. 2 Bridgewater, NJ 08807

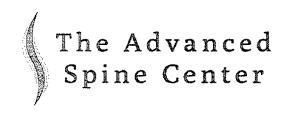
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tailing Address. F.O.	Box 2200, Montstown, N	13 0 7 7 0 2		
		STUDIES		
agnosis:	Howard	DOB:	7[3] Z ^니 Date	:_1215/23 M54.12
BM	RUE RAM	vallous te	, E SCHIL	la
<u>ATIENTS</u> : DO Ν Γ <u>973-538-0900 ext</u>	OT BOOK YOUR STU . 594 SO WE MAY SUE	DY UNTIL YOU HAV BMIT THE AUTHORIZ	E CONTACTED OUF ATION REQUEST.	R OFFICE SPECIALIS
lease Accept this :	as a Prescription / Rec	quest for:		
□ X-RAY: □	Lumbar Spine: AP / L	at / Flex / Ext	Cervical Spine: AP /	Lat / Flex / Ext
MRI - with o	continuous axial images	oriented parallel to disc	spaces:	
0	Lumbar Spine	Cervical Spine Tho	racic Spine	
Z	Without Contrast		th and without Contrast	
_	nall cuts and sagittal an	d coronal reconstruction	ns:	
	Lumbar Spine			ne windows only
□ Myelogram /	with follow up CT:	□ Lumbar spine □	☐ Cervical Spine	Thoracic Spine
□ Bone Scan: □ EMG/NCV	□ Total Body □ Luml	oar Spine / Pelvis / SPECT I	mages Other:	□ Bone Density
Blood Work:	CBC w/platelets	☐ ESR	☐ Rheum Factor	☐ HbA1C
	☐ SMA-7	C- Reactive Protein	☐ ANA	B12 / Folate
	☐ SMA-20	☐ SPEP	Lyme Titer	☐ RPR
	PT/PTT	☐ PSA	☐ HLA-B27	T3/FT4/TSF
		Sarah J. Rics, PA-	C Michele Lohman, PA-C	C Tanya Lugo, PA-C

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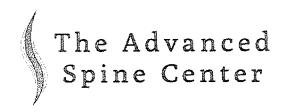
WORK STATUS

Patient: Have	ard, Garry	<u>Date of</u>	Service: 17/05/2003	3
Diagnoses / ICD-10	<u>):</u>			
The patient	was seen in our office today:	:		
The patient	is out of School / Gym / S	Sports until:		
Work Status:	No work	No Cha	ange in work status from last visi	t
	Full Duty with No Restrict	ions		
			usual job with following restriction on usual job – see following restric	
Restrictions:	Lifting: up to Solution Solution Solution Solution Standing: Yes / No Walking: Yes / No Solution Yes / No Yes / Yes / No Yes / Yes		Pushing/Pulling: up to _\S_ Bending: Yes / No Climbing: Yes / No Overhead Activity: Yes / No 5 Minute Breaks Each Hou)
The above work re	estrictions are in effect until:		122123	
	eturn to usual job with some return to full and unrestricted d			
Has patient reache	d Maximal Medical Improv	ement?	Yes No	
Follow-up Visit:		12/22/23	10:15AM	·
		Sarah J. Ries, PA-C	Michele Lohman, PA-C Tanya Lugo, F	'A-C
Charles A. Ga		son Lowenstein, M.D.	George S. Naseef,	M.D.

Pediatric/Adult Scoliosis Spine Surgery

Spine Surgery

From:9737532150



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Prescription for Physical Therapy

PATIENT NAME: Carry Howard	DATE: 12/5/12
DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Cervical Radic M54.12 Thoracic Radic M54.14	X N Lumbar Strain S39.012 R / L SI Joint M46.1 Lumbar Radic M54.16 R / L Shoulder M25.51
GOALS: Decrease Pain and Inflammation - Increase Strength and Wean from Brace	Range of Motion
PRECAUTIONS: Dost-op: Cervical / Thoracic / Lumbar	
MODALITIES: (X: THERAPIST'S DISCRETION HEAT COLD T.E.N.S. TRIAL	X : ELECTRIC STIMULATION
EXERCISE: X: THERAPIST'S DISCRETION: FLEXION BIASE X: AROM: EXTENSION BIASE	
PROGRAMS: X: TEACH HOME MAINTENANCE PROGRAM —: AQUATIC / POOL THERAPY	: FUNCTIONAL CAPACITY EVALUATION: WORK CONDITIONING / HARDENING
FREQUENCY OF TREATMENT DAYS PER WEEK	DURATION OF TREATMENT WEEKS
Sarah J. Ries, PA-0	Michele Lohman, PA-C Tanya Lugo, PA-C
Charles A. Gatto, M.D. Spine Surgery Jason Lower Pediatric/Ad Spine S	ult Scoliosis Spine Surgery

Patient Name:			12/5/23
Pharmacy: <u>(VS</u>	Roselle -1st	Ave	

Anti-Inflammatory	Dispense #	Refill
Celebrex 200mg 1 tab po qd with food		
Mobic 15mg 1 tab po qd with food		*******
Mobic 7.5mg 1 tab po bid with food		
Naprosyn EC 500mg 1 tab po bid with food		,,,,
Voltaren 75mg 1 tab po q12h with food		
Vimovo 500mg 1 tab po bid with food		

Muscle Relaxants	Dispense # Refill
Flexeril 5mg 1tab po q8h prn spasm	
Flexeril 10mg 1tab po qhs	
Flexerilmg 1 tab po qhs prn spasm	
Skelaxin 800mg 1/2 - 1 tab po q8h prn spasm	

Oral Steroids	Dispense # Refill
Methylprednisolone tablets Tapered Dose Pack over six days	
Pepcid 20mg tabs 1 tab po bid	7-0
Prednisone tablets Tapered Dose Pack over five days (5mg tabs)	
Treamount tablets reported bost, delivered into days (em.g. teas)	

Antibiotics	Dispense # Refill
Cipro 250mg 1 po q 12hr.	
<i>Cipro</i> 500mg 1 po q 12hr.	
Cleocin 300mg 1 po tid	
Keflex 250mg 1 po q6h	
Keflex 500mg 1 po q6h	

Stool Softener Colace 100mg 1 po q8h	Dispense # Refill
Dulcolax 10mg rectal suppository insert 1 suppository rectally q 12 hr as needed for constipation	

Pain Patches / Pain Medication	
Flector Patch apply to affected area q 12hr	
Lidoderm Patches Up to 3 to affected area, up to 12hrs on in any 24hr period	Dispense # Refill
Gabapentin 300 mg 1 tab po bid	
Gabapentin 100 mg 1 tab po bid	