

Meridian Occupation Health  
***PT / OT Prescription***

Hackensack Meridian Team Health Neptune PC

(732) 776-4251

Fax Number: (732) 776-4210

Patient: Matthew W. Simpson

DOB: 09/07/1993

Address: 813 Ralceigh Drive

Toms River

NJ

08753

Employer: Neptune Township

Referral Date: 12/09/2022 Date of Injury: 12/01/2022

**Essential job function:**

\_\_\_\_ Patient Handling, ☒ Lifting \_\_\_\_ lbs. ☒ Carry /Pull, ☒ Bending, Stooping

Other: \_\_\_\_\_

Diagnosis: 1. Unspecified sprain of right wrist, subsequent encounter (S63.501D).

**Prescription Detail**

1. Therapist to evaluate and treat with goal to: dec. pain to the right wrist

2. Specific Request:

<input checked="" type="checkbox"/> Therapeutic exercise	<input type="checkbox"/> Whirlpool
<input checked="" type="checkbox"/> Cryotherapy	<input type="checkbox"/> Contrast Bsths
<input checked="" type="checkbox"/> Heat Treatment	<input checked="" type="checkbox"/> Home Exercise Program
<input checked="" type="checkbox"/> Ultrasound	<input checked="" type="checkbox"/> Review job specific Body Mechanics
<input type="checkbox"/> Phonophoresis	<input type="checkbox"/> Iontophoresis
<input type="checkbox"/> Balance Gait Training	<input type="checkbox"/> Traction to _____
<input type="checkbox"/> Other: _____	

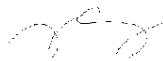
3. Frequency of session's 3 times per week, 2 weeks; **number of sessions:** 6

4. Precautions: \_\_\_\_\_

5. Next MD evaluation: 12/14/2022

Prescribing Physician: Krystal Casayuran-Wright, APN-C

Signature:



12/9/2022 3:42:11 PM

● Physical Therapy please forward PT progress reports to the referring Occupational Health site prior to the next MD evaluation. Please contact our office if there are any missed appointments at the end o the business day it occurred.