



**Seaview Orthopaedic  
and Medical Associates**

Central Fax: 732-660-6201  
Website: [www.seaviewortho.com](http://www.seaviewortho.com)

**Seaview Pavilion**  
1200 Eagle Avenue  
Suite 100  
Ocean, NJ 07712  
Ph: 732-660-6200

**Clearbrook Commons**  
294 Applegarth Road  
Suite C  
Monroe, NJ 08831  
Ph: 609-495-1888

**Brick Medical Arts Building**  
1640 Route 88 West  
Suite 101 & 203  
Brick, NJ 08724  
Ph: 732-458-7866

**Atlantic Commons**  
500 Barnegat Blvd North  
Building 200  
Barnegat, NJ 08005  
Ph: 609-488-3988

**Patriot's Park**  
222 Schanck Road  
Suite 105 & 300  
Freehold, NJ 07728  
Ph: 732-462-1700

**Holmdel Corp Plaza**  
2139 Route 35 North  
Suite 140  
Holmdel, NJ 07753  
Ph: 732-897-4800

## WORKERS' COMP QUICK NOTE

- Initial Visit  
 Follow-Up Visit

Time In: 12:00 PM

Time Out: 12:00 PM

CLAIM NUMBER: GSNP082863

RE: William Poole Jr

ACCOUNT NO: 399479

Date of Injury: 2023-02-13

Date of Evaluation: 02/20/2023

DIAGNOSIS:

Rupture of right distal biceps tendon, initial encounter - S46.211A (Primary)

Treating Physician: Dr. Spagnuola

CAUSALITY:  YES  NO is the injury/illness the result of a work-related incident or condition of employment

RECOMMENDED TREATMENT PLAN:

<input checked="" type="checkbox"/> MRI - PENDING AUTH	<input type="checkbox"/> EMG -	<input type="checkbox"/> CAT scan -
<input type="checkbox"/> PT	<input type="checkbox"/> OT	<input type="checkbox"/> Work conditioning
		Days Per Week X
<input type="checkbox"/> FCE		
<input type="checkbox"/> DME		
<input type="checkbox"/> given		
<input type="checkbox"/> needs to be ordered		
<input type="checkbox"/> Medication Name:		

Other

Referral to specialty:

Injection

Surgery

WORK STATUS/RESTRICTIONS:

Work comp determinations Work Status Out of work from today to next appointment. Causality All of the patient's complaints are work-related. Has pt reached MMI? Not yet. Further treatment is indicated.

Discharged from Care: Date:

Follow-Up Visit: 02/27/2023 9:30 AM OCEAN

I certify that this is my medical opinion and that this treatment plan, including recommendation for therapy, orthopaedic equipment, testing, x-rays, etc. is medically necessary and essential.

Physician Signature

02/20/2023

Date

\*If you need further information regarding the above, please contact the Workers' Compensation Department at 732-774-6200 or FAX your questions to 732-988-1146.

**Order Form for Atlantic****Medical Imaging**

609-383-2407

**O-Seaview Orthopaedic**

1200 EAGLE AVE,  
OCEAN, NJ, 07712-7631  
732-660-6200 732-660-6201

Req/Ctrl# (CD-): 5373336  
**C. J. Spagnuola, MD**  
NPI: 1831158815  
Provider Code: 173908  
Orthopedic Surgery

**Poole Jr, William H, Male, 10/08/1968** ID: 399479  
732-455-3397 503 RIDGE AVE, Neptune, NJ 07753

Today: 02/20/2023 12:05 PM  
Order Date: 02/20/2023 11:15 AM

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Insured Name:

Address:

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
STAT	<b>MRI Elbow, right w/o contrast</b>  Notes: ASAP. PLEASE HAND CARRY DISC. FAX REPORT TO 732-660-6244.	No	- S46.211A, Rupture of right distal biceps tendon, initial encounter	

  
.....  
Electronically Signed By: C. J. Spagnuola, MD.....  
Signature of Patient/GuardianOrder generated by eClinicalWorks ([www.eclinicalworks.com](http://www.eclinicalworks.com))

Poole Jr, William H, Unknown, 10/08/1968