



Alternative Risk Solutions

Risk Management & Third Party Administration

WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

May 15, 2023

TO DOCTOR: GREGORY GALICK

PHONE: 908-686-6665

FAX: 908-687-7507

DATE: TUES. 5/16 @8:30A

LOCATION: 2780 MORRIS AVE. Union

PLEASE NOTE: OUR COMPANY REPRESENTS THIS PATIENT'S EMPLOYER
AND WORKERS' COMPENSATION INSURANCE CARRIER IN THIS MATTER

RETURN TO : CLAIM ADJUSTER (PAYOR) : ANGELA MONTGOMERY

EMPLOYER: MAXSON MIDDLE SCHOOL

PATIENT: JOEL MUNDLE

DATE OF LOSS: 05/10/2023

CLAIM #: PLB083835

WORK INJURY: ENTIRE BACK

X PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: X TREATMENT SURGERY MRI
 EMG OTHER

*****PLAINFIELD BOARD OF EDUCATION OFFERS LIGHT OR MODIFIED DUTY FOR
 THEIR EMPLOYEES, DEPENDING ON RESTRICTIONS. THIS MUST BE CONSIDERED WHEN
 WORK STATUS IS ADDRESSED*****

*****PLEASE SEND OVER QUICK NOTES IMMEDIATELY AFTER EACH APPOINTMENT.
 PLEASE SEND DICTATION AS SOON AS IT IS AVAILABLE*****
 ALL DIAGNOSTIC TESTING AND PHYSICAL THERAPY WILL BE ARRANGED BY THE
 ADJUSTER.

THANK YOU~

1. CURRENT DIAGNOSIS: T-L-S STRAIN
 2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY? ✓ YES NO IF NO PLEASE EXPLAIN:

3. TREATMENT PLAN: ADULT, 2 weeks of physical therapy4. NEXT APPOINTMENT: 5/16/23 @ 2:30P MMI DATE: undetermined5. PHYSICAL CAPACITY: TOTAL BED REST SEDENTARY ONLY

 NO LIFTING
 NO DRIVING
 OTHER:

 LIFTING UP TO LBS.
 NO CLIMBING

Full Duty

DOCTOR'S SIGNATURE

DATE

 THIS REQUESTED INFORMATION IS NEEDED IN ORDER FOR ME TO PROPERLY HANDLE THIS WORKERS' COMPENSATION
 CLAIM AND IS REQUIRED IN ORDER FOR US TO ISSUE PAYMENTS OF YOUR MEDICAL INVOICES. SHOULD YOU HAVE ANY
 QUESTIONS PLEASE CALL ME AT THE NUMBER BELOW.

PLEASE SEND BILLS AND RECORDS TO THE ADDRESS BELOW.

GREGORY S. GALLICK, MD
2780 MORRIS AVE. 2C
UNION, NJ 07083-4848

May 16, 2023

Patient: Joel Mundle DOB: 02/27/1979
344 Rock Ave
Piscataway, NJ 08854

88709

PHYSICAL THERAPY PRESCRIPTION (LS)

DX: THORACIC/LUMBOSACRAL STRAIN

Heat/ice, massage, mobilization, ultrasound, electric stim, traction, and abdominal/low back strengthening

For: 3 times per week for 2 weeks.

PLEASE SEND PROGRESS NOTES WITH PATIENT FOR THEIR NEXT APPOINTMENT

DO NOT FAX PROGRESS NOTES TO OUR OFFICE

A handwritten signature in black ink, appearing to read 'Gregory S. Gallick' followed by a stylized 'MD'.

Gregory S. Gallick, M.D.
Tax I.D. # 22-2677509
Phone #: 908-686-6665