CMC-Edison Ethel Road
16 Ethel Road Edison, NJ 08817
Phone: 732-248-0088 **Fax:** 732-248-4408

Service Date: 03/09/2023
Case Date: 03/08/2023

Claim Number:

Work Activity Status Report

Patient:	Jose Perez	**Last 4 Digits of SSN:**	xxx-xx-8459	**Date of Birth:**	08/28/1970
Address:	170 grant st Perth amboy nj 1 PERTH AMBOY NJ 08861	**Employer Location:**	City of Perth Amboy-DPW	**Contact:**	Maria Rivera
		Address:	260 High St Perth Amboy , NJ 08861-4451	**Role:**	Additional Injury Contact
Home:	(586) 520-1101 (H)			**Phone:**	732-771-2508
Work:		**Authorized by:**		**Fax:**	0-0-0000

THIS VISIT

Visit Type: Initial
Time In: 09:46:00 AM **Time Out:** 11:15:01 AM
Treating Clinician: Lucknie Ovincy, PA-C

Diagnoses:
Strain of lumbar region, initial encounter (S39.012A)
Strain of thoracic spine (S29.012A)

Medications:
- [x] Dispensed prescription medication
- [ ] Dispensed over-the-counter medication
- [ ] Medication(s) prescribed

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:
Returning for follow-up: 2 days

Work Status:
Return to modified work/activity today

Activity Prescription:
Key*: **Occasionally** = up to 3 hrs/day; **Frequently** = up to 6 hrs/day; **Constantly** = up to 8 hours or greater per day

May lift up to 5 lbs constantly May push/pull up to 5 lbs constantly May bend occasionally	Should be sitting 60 % of the time

Based on the Department of Labor definitions

NEXT VISIT(S)

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Visit Date and Time:	Visit Type:			Clinician:
	Medical	Therapy	Specialist	
03/14/2023 01:00 PM	☑	☐	☐	Shanthi Reddy, MD
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	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

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