

Patient Treatment Form

Initial Evaluation Information

Job/position Title <u>Line Operator</u>	Post-Accident DS (Circle) Y of N <u>(N)</u>	SSN <u>000-00-0727</u>	DOB <u>02-01-1952</u>	Age <u>71</u>	Sex <u>M</u>
Past Medical History <u>HTN</u>	Last Tetanus: (Circle) <5 years >5 years	T <u></u>	P <u>80</u>	R <u></u>	Ill. <u>66"</u>
				Wt. <u>180</u>	

Current Visit Information

Drug Allergies: <u>NKDA</u>	Post Acc DS? Y / N <u></u>	BP <u>120/82</u> LMP <u>N/A</u>	Patient's Statement: (R) thigh, stepped down out of truck missed step, fell hit hip, entire leg painful <u>10/10</u>
Current Meds: <u>Losartan</u>			Nurse's Signature: <u>M. Alejo</u>

Physician's Notes (Continue on Back)

S: Pt getting out of truck falling backwards onto @ hip.
Treated @ SSME @ 11:00p @ hip + thigh + CT @ hip + thigh -
reported very bad. severe cyclophosphamide 1000 took cyclophosphamide 1000
and 1000 4000 x1. Very unstable & unable to bear wt on @ leg. @ hip.
D: @ hip / leg - @ hip mid hamstring @ squam / @ ecchymosis @ squam
From @ hip 5 pain. Unable to ambulate re pain hamstring
Dose / plantar flexion intact. From knee @ 10/10 squam.

Treatment Plan (Include all procedures performed and supplies given)

Accumap applied. V MRI @ hamstring. Cullen procedure
10/10
Cont cyclophosphamide 1000 as needed
Cont Cullen procedure as tolerated

Initial Evaluation

☐ Follow-up Visit
☐ Other: _____

PATIENT STATUS REPORT IRONBOUND MEDICAL SERVICES

221 Chestnut Street, Newark NJ 07105

Phone: 973 878-3990 Fax: 973 878-3991

• Patient's Name Zangari, Dominick
• Employer: PRC
• Insurance Company: D & H

Date of Visit: 08-11-2023
Tel No.: _____

Injury Date/Time: 08-09-2023
Light Duty Avail. (circle) Always yes No Pls Call
Appointments: (circle) On/Off work hours

DIAGNOSIS

@ hamstring pain - strain vs
tear vs contusion

TREATMENT (Circle) Ace	BurnTray	Cane	Crutches	<u>Exam</u>	EyeTray
Dressing	DTshot	ForeignBodyRemoval	LumbarSupport	Morgan Lens	NailCautery
NS Irrigation	Prescription	Splint	SteriStrips	Surgica	SutureRemovalSet
Sutures	Toradol60mgShot	TubeGauzeDressing	VisionTest	Others: _____	

WORK STATUS

☒ Out of work
☐ Return to full duty on ___/___/___ without restrictions
☐ Pending Inrtk ☐ Pending Drug Screen
☐ Return to light duty on ___/___/___

with the following restrictions:

No lifting/carrying over ___ lbs.
No pushing/pulling over ___ lbs.
No bending/stooping
No climbing/kneeling
No reaching overhead
No driving
No use of LEFT/RIGHT
Alternate sitting/standing
Other: _____

Patient time in

11:01

Patient's Signature

APPOINTMENTS

☐ Discharged
☒ Return to IMS on 2 days after mri a.m / p.m
(If patient fails to return within 48hrs. of appointment they are automatically discharged on full duty unless a valid excuse is produced.)

Patient's Initials DDZ

REFERRALS

☐ Physical Therapy 3X per week thru _____
☐ Tests:
☐ Specialist:

Dr.: _____

Telephone: _____

Appointment: Date: ___/___/___

Time: _____

Has Patient reached MMI Yes ___ No ___

Physician's Signature

Patient time out

11:10

State of New Jersey
PRESCRIPTION BLANK

IRONBOUND MEDICAL SERVICES
CAMILLE M. RIGOGLIOSO, M.D.
221 CHESTNUT STREET
NEWARK, NJ 07105
973-878-3990 FAX: 973-878-3991
NPI # 1295909646

LICENSE # 25MA06112000 DEA # BR6452572

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT

Zangari, Dominick

D.O.B.

ADDRESS

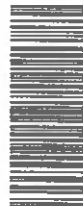
DATE

8/11/23



MRI @ humasky

no nurse scan



T128V0718001264

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL

TIMES

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW