

Warte-Chie Yours, Harmenton Chaire.

197 Ridgedale Avenue, Suite 300 Cedar Knolls, NJ 07927 Phone: 973-538-2334

Office Visit Summary Exam Date: 2 2 Date of Injury: 01/30/2023 Physician: DAVID EPSTEIN, MD Clm#: IWC082699 Patient: SHAWN STEWART Carrier; D&H Phone: 973-940-1851 Ext:241 Adjustor: ANGELA MONTGOMERY Fax:973-940-1852 Email: AMONTGOMERY@RISKSOLUTIONS.COM Ext: Case Mgr/Other: Phone: Fax: Email: Diagnosis: O her (20 turn T Rho Causality: (first visit only) Yes\_\_\_\_ No\_\_\_\_ ICD-10: **Work Status** Unable to work effective; Return to work full-duty effective: Return to work with modifications: 2(3/23 - Jet June 1) Restrictions include: 

No Climbing 

No Kneeling 

No Squatting 

No Overhead lifting Maximum lift and push/pull of \_\_\_\_\_lbs with affected extremity Other:\_\_\_\_\_ NWB TTWB PWB FWB No use of: Yes\_\_\_\_ No\_\_\_\_ Estimated MMI: \_\_\_\_\_ Able to drive at work: Able to drive outside of work: Y/N \_\_\_\_\_ Treatment Plan Physical Therapy: \_\_\_\_x/wk \_\_\_\_wk ☐MIRI/MRI Arthrogram ☐ CT Scan □ EMG/NCS □ Brace □ Splint □ CAM Walker □ Injection □ Consults\_\_\_\_\_ ☐ HEP/Therabands □ Other\_\_\_\_\_ Medications Start Date:\_\_\_\_ Narcotic prescribed:\_\_\_\_ Pain Score prior to narcotic initiation: (0-10)\_\_\_\_Pain Score after Narcotic initiation (0-10)\_\_\_\_ Referral to pain management: AM/PM MMI: □ Yes  $\square$  No Follow up appointment: \ \_\_ Ext: \_\_\_\_ TCO Case Manager: \_\_\_\_\_ Orthopedic Surgeon

Shoulder, Knee, Foot & Ankle Surgery



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## David Epstein M.D.

PO BOX 1446, Morristown, NJ 07962-1446 Main: 973-			n: 973-538 <b>-</b> 2334	Billing: 973-538-032	
197 Ridgedale Ave, 3rd floor		1590 Route	206	<b>⊠</b> 757	Route 15
Cedar Knolls, NJ 07927		Bedminster, NJ (	07921	Lake Hopatco	ng, NJ 07849
Fax: 973-267-6882 (Sport)		Fax:908-234-2	022		
Fax 973-538-408	31 (Joint)			,	
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· · · · · · · · · · · · · · · · · · ·				SCRIPTION	<u>1:</u>
Patient Name: Shawn	Stewart	Date: 2-	3-2023		
Diagnosis: ☐ Right S83.272		mensc, current Injury,	left kne <u>e, init</u>		
Consults: Please ev   Internal Med	dicine 🔲 Neurolo		⊒ Pain Manag	ement 🗆 Rheumato	logy
Studies:					
☐ X-Ray:	☐ Rìght ☐ Left ☐	Bilateral 🗔 Weight Be	aring		
⊠MRI:	☐ Right ☑ Left ☐	Bllateral <u>Left knee M</u> l	RL	·	_
☐ CT Scan:	☐ Right ☐ Left ☐	Bllateral			_
☐ Ultrasound/Doppler:	☐ Right ☐ Left ☐	Bilateral ☐ Venous [	☐ Arterial	☐ Upper Extremity	☐ Lower Extremity
□EMG/NCV;	☐ Right ☐ Left ☐	Bilateral 🔲 Upper Extr	remity 🗆 Lov	ver Extremity	
☐ Bone Scan:	□Right□Left□	Bilateral 🔲 Three-Pha	se 🔲 Indi	um WBC	
Laboratory Testing Chemistry/Hematology/ □ SMA-7 □ ESI □ SMA-20 □ CR □ CBC □ UA □ w/ Diff Micro □ RPI □ PT/PTT/INR □ Uric □ TzanckSmear	Microbiology: ☐ Sta R ☐ P ☐ ANA ☐ Lyme Ti	RF UT3/FT B12/Folate ters Joint Fluid unt Mycobacteriur Glucose Crystals	□ Aer □ Ana m □ SAF □ Oth	erobic RS - CoV-2 RNA Detect	
Physician's Signature: (I have medically prescribed the	above treatment)	David	<u>\$</u> 2		<del></del>
David M. Epstein, MD Sports Medicine & Orthopedic Surgery,				y Murray, PA-C edic Physician Assistant	



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Feb 3,	2023	
Patien	t Name: Shawn Ste	wart _
The at	pove named patient	has been under my care for an orthopedic problem.
⊠ (	Had an appointment	today 2/3/2023
	Vork guidelines:	
		Work:
	□ Re	turn to Full Duty:
		tht Duty: Desk work only until cleared by M.D.
	_	Buty. Buty. Book Work offly until oleafed by Mi.D.
	<u> </u>	
		<u> </u>
If there	e are any questions,	please feel free to contact our office.
Sincer	ely,	
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	; ]	Day MA
Physic	ian Name: David E	ostein M D
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