



Risk Management &amp; Third Party Administration

**WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION**

October 23, 2024

TO DOCTOR: DR. GALLICK  
P.T. FACILITY

PHONE:

FAX:

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

RETURN TO: CLAIM ADJUSTER (PAYOR): CAROLINA SHELL

EMPLOYER: PLAINFIELD BOARD OF EDUCATION  
PATIENT: DE'SHANTE SALMON  
DATE OF INJURY: 10/07/2024  
CLAIM #: PLB089500  
WORK INJURY: LOWER BACK, NECK, LEFT SHOULDER, LEFT WRIST

X  PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR:  X  EVALUATION/TREATMENT/X-RAYS

X  AFTER YOU HAVE HAD AN OPPORTUNITY TO EXAMINE THE PATIENT, PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED

THIS PATIENT HAD AN APPOINTMENT WITH YOU ON //. PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED.

OTHER:

\*\*\*\*\*

1. CURRENT DIAGNOSIS: C7k-5 strain
2. TREATMENT PLAN: Physical therapy 2 weeks, please set up.
3. NEXT APPOINTMENT: 11/8/24 @ 1:00pm MMI DATE: \_\_\_\_\_
4. PHYSICAL CAPACITY: \_\_\_\_\_ TOTAL BED REST \_\_\_\_\_ SEDENTARY ONLY

\_\_\_\_ NO LIFTING

\_\_\_\_ NO DRIVING

OTHER: \_\_\_\_\_

\_\_\_\_ LIFTING UP TO \_\_\_\_\_ LBS.

\_\_\_\_ NO CLIMBING

*Full Duty on 10/26/24*

*\*X-RAYS were taken today in office.*

DOCTOR'S SIGNATURE

10-25-24  
DATE

✓ THERAPY - RX FROM REFERRING DOCTOR IS ENCLOSED - PLEASE FORWARD P.T. NOTES TO D&H AS WELL AS REFERRING PHYSICIAN

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.

*17/2024*

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

October 25, 2024

Patient: Deshante Salmon DOB: 04/24/2003  
538 W 7Th St Apt C8  
Plainfield, NJ 07060

90129

**PHYSICAL THERAPY PRESCRIPTION (LS)**

**DX:** 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 'Greg S. Gallick' followed by a stylized 'MD'.

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

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

October 25, 2024

Patient: Deshante Salmon DOB: 04/24/2003  
538 W 7Th St Apt C8  
Plainfield, NJ 07060

90129

**PHYSICAL THERAPY PRESCRIPTION (CS)**

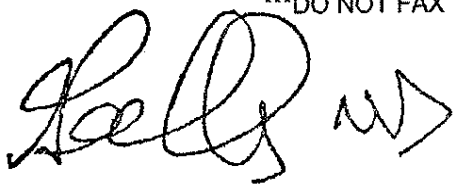
**DX:** CERVICAL STRAIN

Heat/ice, massage, mobilization, ultrasound, electric stim, traction, and 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 'Gallick' followed by a stylized monogram or initials.

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