

**EDISON-METUCHEN ORTHOPAEDIC GROUP**

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph(732) 494-6226

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Gloria Liu, APRN, BC.

Mohnish Ramani, M.D.

David M. Idank, D.O.

**Work Note****Date : 3/28/2023**

Patient Name: Ivette Rios

DOB: 8/25/1972

Account # 136895

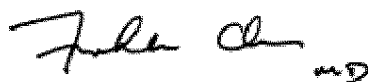
**Work Status**☐ Cannot work☐ Return to work immediately☐ Released from office☐ Full Duty☒ Return to work with modified duties☒ Modified duties until return visit on 4/19/2023☐ These restrictions are permanent☐ Do not return to work until:**Work Restrictions****Upper Extremity** ☐ Right ☒ Left☐ No use of affected extremity☐ Limited use of the affected extremity☐ Must wear orthotics as dispensed☒ No push/pull > 5 lbs☒ No lifting over 5lbs.☐ No driving to and from work☐ No commercial driving☐☐**Lower Extremity** ☐ Right ☐ Left☐ Seated work only/mainly☐ No squatting / kneeling / twisting☐ No climbing /crawling☐ Limited standing or walking☐ Work with brace/cast☐ No lifting over lbs.☐ Elevate when possible / continuous☐ Crutches/cane/walker☐ No twisting, pushing, pulling**Special Instructions**

Return to my office on or in weeks

**For Employer Use:**

If you are unable to accommodate the work restrictions as indicated, please sign below and fax it to (732)-494-2004.

If the employee must be full duty to return to work, please mark here \_\_\_\_\_

Disability Forms will not be filled out until this form is received.\_\_\_\_\_  
Employer / HR \_\_\_\_\_ Date**Franklin Chen, M.D.**

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**EMG Referral Form****Patient Information**

Name: Ivette Rios

Home Phone:

Date: 3/28/2023

DOB: 8/25/1972

Work Phone: (732) 826-0183

Weight: Weight 199lbs

Sex: female

**Diagnosis:** G56.22 Lesion of ulnar nerve, left upper limb**Referring Physician:** Dr. Franklin Chen**Reason for EMG (indicate symptoms, findings, working diagnosis, and/or check appropriate box below):****Test Requested:** EMG/NCV of the left upper extremity**FOCAL PROBLEMS (SELECT LIMB - RIGHT OR LEFT)****Upper Extremity**

Cervical Radiculopathy

Carpal Tunnel Syndrome (CTS)

Median Neuropathy (pronator syndrome)

Ulnar Neuropathy - Cubital Tunnel

Radial Neuropathy (superficial radial nerve/supinator syndrome)

Brachial Plexopathy

**R L**☐ ☐

Thoracic Outlet Syndrome (TOS)

☐ ☐

Axillary Neuropathy

☐ ☐

Musculocutaneous Neuropathy

☐ ☒

Suprascapular Neuropathy

☐ ☐

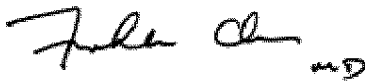
Long Thoracic Nerve Palsy (serratus anterior)

☐ ☐

Ulnar Nerve - Guyon's Canal

**R L**☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐

**Special Instructions:** At the time of the EMG appointment, the patient's skin should be clean without lotions, oils, or creams. No other special preparation is required. The patient can take all their medications as prescribed. Please indicate if the patient is taking a blood thinner, or is on medication for myasthenia gravis, or has a pacemaker or stimulator. There are no aftereffects and the patient can return to their usual activities immediately upon leaving the laboratory. The results of the EMG examination are made available to the referring physician, who in turn, will explain the results to the patient. If you have further questions, please call the EMG laboratory.

**Comments:**

**Franklin Chen, M.D.**

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### Therapy Referral Form

#### Patient Information

Name: Ivette Rios

DOB : 8/25/1972

Chart No. 136895

Home Phone:

Work Phone: (732) 826-0183

Date: 3/28/2023

Weight: Weight 199lbs Sex: female

Mobile : (848) 207-8552

**Diagnosis:** S53.432D Radial collateral ligament sprain of left elbow, subsequent encounter, S53.442D Ulnar collateral ligament sprain of left elbow, subsequent encounter, M77.02 Medial epicondylitis, left elbow, M77.12 Lateral epicondylitis, left elbow

**Referring Physician:** Franklin Chen, M.D.

**Frequency:** ☐ Once a week ☒ Twice a week ☐ Three times a week ☐ One time evaluation ☐ 2-3 times a week

**Duration: WEEKS** ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6

☐ Evaluate and Treat

☐ Occupational Therapy

☐ Physical Therapy

☒ Continue Current Therapy Program

#### Special Instruction:

#### Goals

☐ Decrease Swelling

☐ Decrease Pain

☐ Teach Home Exercise

☐ Increase ROM

☐ Increase Strength

☐ Increase Stretch/Flexibility

☐ Improve Function

☐

☐ Modalities

☐ Flexor Tendon Repair Protocol

☐ Other


☐ ROM

☐ Extensor Tendon Repair Protocol

☐ Strengthening

☐ Home Exercise Program

I certify that the above ordered is medically necessary for the patient's diagnosis.



Franklin Chen, M.D.