



Prescription for Post-Operative Occupational Therapy

TO: (Insurance Company): Qual Lynx WC

ATTN:

FAX NO:

CLAIM NUMBER: RC2019003856

RE: Ryan Chippendale

ACCOUNT NO: 629379

Date of Injury: 2022-05-30

SS#: 144-76-0114

DIAGNOSIS: Right carpal tunnel syndrome - G56.01 (Primary) Cubital tunnel syndrome on right - G56.21

REQUESTING PHYSICIAN: Dr. Yalamanchili

OCCUPATIONAL THERAPY ORDERS:

☒ OT Evaluate and Treat

Number of treatments per week - 3 Number of weeks - 2

To be started 3-4 days after surgery

☐ OTHER:

Name: Praveen Yalamanchili, MD

Date: 1/3/23

Physician Signature