

Orders - April 18, 2023

PMS ID: Sex: DOB: Phone: MRN:
113646PAT000018049 Male 10/24/1972 (908) 463-6932 79549

PATIENT INFORMATION				GUARANTOR INFORMATION		
LAST NAME Thomas		FIRST NAME Emerson		M.I. H	LAST NAME Thomas	
SSN XXX-XX-1162		DATE OF BIRTH 10/24/1972	SEX Male	MRN 79549	RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 916 Bachelor Avenue				STREET ADDRESS 916 Bachelor Avenue		
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.		
CITY Linden		STATE NJ	ZIP CODE 07036		CITY Linden	
HOME PHONE 9084636932		CELL PHONE 9084636932	EMPLOYER NAME		HOME PHONE 9084636932	
					WORK PHONE 7328272159	
PRIMARY BILLING / INSURANCE INFORMATION						
SUBSCRIBER NAME		RELATIONSHIP Employer		SUB. DOB	COMPANY NAME Qual Lynx	GRP/CONTRACT # MEMBER ID # 2023297703
STREET ADDRESS Qual-Lynx				STREET ADDRESS CONTD. PO Box 309		
CITY Piscataway		STATE NJ	ZIP CODE 088550309		EMPLOYER NAME CITY OF RAHWAY	
DIAGNOSES						
Diagnosis	ICD Code	Description				
1	S43.431A	Superior glenoid labrum lesion of right shoulder, initial encounter				
Order DME						
<p>Indication: Superior Glenoid Labrum Lesion (SLAP), Right ICD-10: S43.431A</p> <p>DME #1 : Slingshot 2</p> <p>Daily Use of DME: The patient is instructed to use the orthosis for 24 hours per day. Duration: I recommend use of the orthosis for until next follow up. Sleep: The patient may NOT remove the orthosis for sleep. General Instructions: Orthosis Care : The patient was advised that orthosis can be removed for showering or bathing.</p> <p>Provider: Anthony V Petrosini Priority: normal</p>						

Electronically Signed By: Anthony V Petrosini, 04/18/2023 10:25 AM EDT

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A DIVISION OF ORTHO NJ

Phone: 732-800-9000

WORKERS' COMPENSATION QUICK NOTE

Name: Thomas, Emerson
Claim #: 2023297703
Adj/Case Mgr: IRIS BOYLE
Fax: (732) 562-2815
Physician: ANTHONY PETROSINI

Date of Eval: 4/18/23
Insurance Co.: Qual Lynx

Date of Injury: 03/01/2023
Employer: CITY OF RAHWAY
Adj. E-mail: IRIS.BOYLE@QUAL-LYNX.CC
Phone: (800) 425-3222 ext 22:
Diagnosis: Same

Is injury causally related to the above injury? ☒ Yes ☐ No Has Patient reached MMI? ☐ Yes ☒ No
WORK STATUS:

☐ OUT OF WORK

☐ RETURN TO WORK FULL DUTY

☒ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

- ☐ Sedentary work (primarily sitting)
- ☒ No lift/carry/push/pull over 10 lbs with Rt arm(s)
- ☐ No standing/walking over hours per work shift
- ☐ No sitting over hours.
- ☒ No use of Rt arm(s) above shoulder level
- ☐ No use of upper extremity
- ☐ No repetitive/prolonged bending or stooping times per hour
- ☐ No repetitive/prolonged kneeling, squatting or climbing times per hour

Able to operate: (please check as appropriate)

	Never	Occasionally	Frequently	No Restriction
Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic Transmission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

RECOMMENDATIONS: ☐ PT ☐ MRI ☐ EMG ☐ CT SCAN ☐ Home Exercise ☒ Surgery

Surgery:

Consult:

Medications Prescribed:

Next Appt in our office After Surgery

Electronically Signed: ANTHONY PETROSINI
Date: 04/18/2023