

160 E. Hanover Ave., Ste 201
Morristown, NJ 07960

1125 Route 22
Bridgewater, NJ 08807

333 Mount Hope Ave., Ste 140
Rockaway, NJ 07866

579 Cranbury Rd., Ste H
East Brunswick, NJ 08816

Mailing Address: P.O. Box 2266, Morristown, NJ 07962

Phone (973) 538-0900

Fax (973) 538-0909

Brief Note / Office Visit Summary - Worker's Comp

Patient: GREGORY CRUZ

Physician: Dr. Charles Gatto, M.D.

Date of Service: 11/27/23

Employer:

Ins Co: D & H

Claim#: PJWC084610

DOI: 07/23/2023

NCM: KRISTIN WILKINSON

Phone: 973-940-1851

EXT: 259

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: Yes No

MS4.5, MS4.10, MS4.2

Lumbar strain with L4/L5, R4/R5

Treatment Plan:

MRI lumbar spine

meds etc prn

Work Status:

No Work

Full Duty with No Restrictions

Restricted Duty: The patient is **Able / Unable** to do usual job with following restrictions:

Restrictions:

Lifting: up to _____ lbs.

Pushing/Pulling: up to _____ lbs.

Drive for Work: Yes / No

Bending: Yes / No

Sitting: Yes / No

Climbing: Yes / No

Standing: Yes / No

Overhead Activity: Yes / No

Walking: Yes / No

_____ 5 Minute Breaks Each Hour

Estimated date of return to usual job with some restriction:

Estimated date of return to full and unrestricted duties/activities:

Has patient reached Maximal Medical Improvement?

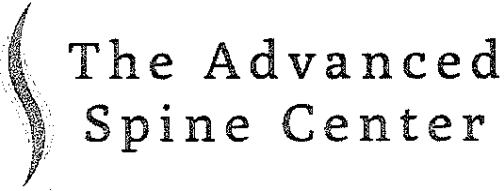
Yes No

Follow up Visit:

Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
Spine Surgery

George S. Naseef, M.D.
Spine Surgery



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WORK STATUS**Patient:** Cruz, Gregory**Date of Service:** 11/27/2023**Diagnoses / ICD-10:** _____☒ **The patient was seen in our office today:**☐ **The patient is out of School / Gym / Sports until:** _____**Work Status:** ☐ No work ☐ No Change in work status from last visit☒ **Full Duty with No Restrictions**Restricted Duty: ☐ patient is **able** to do usual job with following restrictions:☐ patient is **unable** to do usual job – see following restrictions:**Restrictions:**

Lifting: up to _____ lbs.

Pushing/Pulling: up to _____ lbs.

Drive for Work: Yes / No

Bending: Yes / No

Sitting: Yes / No

Climbing: Yes / No

Standing: Yes / No

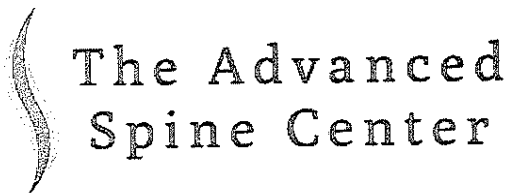
Overhead Activity: Yes / No

Walking: Yes / No

☐ 5 Minute Breaks Each Hour**The above work restrictions are in effect until:** 12/18/23**Estimated** date of return to usual job with some restriction:**Estimated** date of return to full and unrestricted duties/activities:**Has patient reached Maximal Medical Improvement?** Yes ☒ No**Follow-up Visit:**1:00 PM 12/18/23

Sarah J. Ries, PA-C Michele Lohman, PA-C Tanya Lugo, PA-C

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STUDIES

Patient Name: Gregory Cove

DOB: 6/18/98

Date: 11/27/23

Diagnosis: MSU.S, MSU.16

check (C) S, 12/20/23 (?)

PATIENTS: DO NOT BOOK YOUR STUDY UNTIL YOU HAVE CONTACTED OUR OFFICE SPECIALIST AT 973-538-0900 ext. 594 SO WE MAY SUBMIT THE AUTHORIZATION REQUEST.

Please Accept this as a Prescription / Request for:

- ☐ **X-RAY:** ☐ Lumbar Spine: AP / Lat / Flex / Ext ☐ Cervical Spine: AP / Lat / Flex / Ext

☒ **MRI - with continuous axial images oriented parallel to disc spaces:**

- ☒ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine
- ☒ Without Contrast ☐ With Contrast ☐ With and without Contrast

☐ **CT - with small cuts and sagittal and coronal reconstructions:**

- ☐ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine ☐ Bone windows only

☐ **Myelogram / with follow up CT:** ☐ Lumbar spine ☐ Cervical Spine ☐ Thoracic Spine

☐ **Bone Scan:** ☐ Total Body ☐ Lumbar Spine / Pelvis / SPECT Images ☐ Other: ☐ **Bone Density**

☐ **EMG/NCV**

- ☐ **Blood Work:** ☐ CBC w/platelets ☐ ESR ☐ Rheum Factor ☐ HbA1C
- ☐ SMA-7 ☐ C- Reactive Protein ☐ ANA ☐ B12 / Folate
- ☐ SMA-20 ☐ SPEP ☐ Lyme Titer ☐ RPR
- ☐ PT/PTT ☐ PSA ☐ HLA-B27 ☐ T3 / FT4 / TSH

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