



A DIVISION OF ORTHO NJ

Phone: 732-800-9000

WORKERS' COMPENSATION QUICK NOTE

Name: Gwizdz, Michael

Date of Eval: 5/11/23

Date of Injury: 4/29/23

Claim #: HST083711

Insurance Co.: Medlogix

Employer: <https://onj.ema.md/em>

Adj/Case Mgr: Angela Montgomery

Adj. E-mail: AMontgomery@risksolutions.co

Fax: 973-940-1852

Phone: 973-704-6951

Physician: DR. SHANE HOLLAWELL

Diagnosis:

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 lbs with arm(s)

☐ No standing/walking over hours per work shift

☐ No sitting over hours.

☐ No use of 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 5/25/23 @ 10:00AM WALL

Electronically Signed: DR. SHANE HOLLAWELL
Date: 05/11/2023

STATUS / PROGRESS REPORT OF ILLNESS / INJURY

Name: Home: ☐ Preferred Contact Method Weight:
DOB: Mobile: ☐ Preferred Contact Method Sex:
Address:

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 - lbs with Left Right arm(s)
☐ No standing/walking over hours per work shift
☐ No sitting over hours.
☐ No use of 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

Small Truck

Large Truck

Automatic Transmission

Heavy Equipment

Physician Comments:

Next Appt in our office:

Electronically signed by:

Date: Time:

Orders - May 11, 2023

PMS ID: Sex: DOB: Phone: MRN:
113646PAT000358255 Male 11/26/1977 (908) 358-5374 MM0000151087

PATIENT INFORMATION				GUARANTOR INFORMATION		
LAST NAME Gwizdz		FIRST NAME Michael		M.I.		
SSN	DATE OF BIRTH 11/26/1977	SEX Male	MRN MM0000151087	RELATIONSHIP TO PATIENT Self		
STREET ADDRESS 234 Oklohoma drive				STREET ADDRESS 234 Oklohoma drive		
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.		
CITY Brick	STATE NJ	ZIP CODE 08723		CITY Brick	STATE NJ	ZIP CODE 08723
HOME PHONE	CELL PHONE 9083585374	EMPLOYER NAME Township Of Hillside		HOME PHONE	WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION						
SUBSCRIBER NAME		RELATIONSHIP Employer		SUB. DOB		
STREET ADDRESS PO Box 300 American Metro Blvd		COMPANY NAME MedLogix		GRP/CONTRACT #		MEMBER ID # HST083711
CITY Hamilton		STATE NJ	ZIP CODE 086192371	STREET ADDRESS CONTD. Ste 220		
EMPLOYER NAME Hillside Township						
DIAGNOSES						
Diagnosis	ICD Code	Description				
1	S93.492A	Sprain of other ligament of left ankle, initial encounter				
PT/OT Rx						
<p>Physical and/or Occupational Therapy Prescription</p> <p>Indication: Ankle Sprain, Left - left ankle joint - S93.492A Recommend frequency of 3 times per week for 4 weeks. - Evaluate and Treat Modalities PRN therapeutic exercises PROM AAROM AROM Gait Training Stretch Muscle strength Stretch GAIT TRAINING FWB</p> <p>Please fax reports to 732-612-1435</p> <p>Provider: Shane M Hollawell Priority: normal</p>						

Electronically Signed By: Shane M Hollawell, 05/11/2023 09:08 AM EDT