

Meridian Occupation Health
PT / OT Prescription

Hackensack Meridian Team Health Neptune PC

(732) 776-4251

Fax Number: (732) 776-4210

Patient: Paul Green

DOB: 02/08/1962

Address: 717 John Terrace

Neptune

NJ

07753

Employer: Neptune Township

Referral Date: 01/06/2023 Date of Injury: 12/21/2022

Essential job function:

___ Patient Handling, ___ Lifting ___ lbs. ___ Carry /Pull, ___ Bending, Stooping

Other: _____

Diagnosis: 1. Unspecified sprain of left shoulder joint, subsequent encounter (S43.402D).

Prescription Detail

1. Therapist to evaluate and treat with goal to: decrease pain, teach HEP _____

2. Specific Request:

<input checked="" type="checkbox"/> Therapeutic exercise	<input type="checkbox"/> Whirlpool
<input checked="" type="checkbox"/> Cryotherapy	<input type="checkbox"/> Contrast Bsths
<input checked="" type="checkbox"/> Heat Treatment	<input checked="" type="checkbox"/> Home Exercise Program
<input checked="" type="checkbox"/> Ultrasound	<input checked="" type="checkbox"/> Review job specific Body Mechanics
<input type="checkbox"/> Phonophoresis	<input type="checkbox"/> Iontophoresis
<input type="checkbox"/> Balance Gait Training	<input type="checkbox"/> Traction to _____
<input type="checkbox"/> Other: _____	

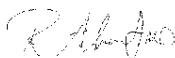
3. Frequency of session's 3 times per week, 2 weeks; **number of sessions:** 6

4. Precautions: _____

5. Next MD evaluation: 1 week

Prescribing Physician: Richard Abramowitz, MD

Signature:



1/6/2023 1:13:21 PM

● Physical Therapy please forward PT progress reports to the referring Occupational Health site prior to the next MD evaluation. Please contact our office if there are any missed appointments at the end o the business day it occurred.