

# Patient Treatment Form

## Initial Evaluation Information

● Job/position Title <u>Operation worker</u>	Post-Accident DS (Circle) Y or <u>N</u>	SSN <u>154-74-2983</u>	DOB <u>05/02/78</u>	Age <u>45</u>	Sex <u>M</u>
Past Medical History <u>None</u>	Last Tetanus: (Circle) <5 years >5 years <u>47.5</u>		P <u>47</u>	R <u>71</u>	Wt. <u>207</u>

## Current Visit Information

Drug Allergies: <u>None</u>	Post Acc DS? Y / N	BP <u>102/60</u>	Patient's Statement: <u>FLU L5 pain, pt state feeling the same from the last visit. 10/10 pain</u>
Current Meds: <u>ASA, Motrin</u>		LMP <u>/</u>	Nurse's Signature: <u>RJ.</u>

## Physician's Notes (Continue on Back)

- 3'. Pain continues 10/10 - radiating to @ groin, thigh, knees numbness/weakness. Taking 1400 400mg bid-tid.
- 0'. L5/S1 - @ T12 @ L1 @ lumbar paraspinal @ paraspinal/paraspinal @ 40°. Lateral rotation. Motor 5/5 @ plantar, antalgic, 90°/45° @ 45° = 45°.

## Treatment Plan (Include all procedures performed and supplies given)

- ✓ MNT L5/S1
- ✓ HEP

cell phone number

VIS received: \_\_\_\_\_

Patient's Initials

- ☐ Initial Evaluation
- ☒ Follow-up Visit
- ☐ Other: \_\_\_\_\_

## PATIENT STATUS REPORT

### IRONBOUND MEDICAL SERVICES

221 Chestnut Street, Newark NJ 07105

Phone: 973 878-3990 Fax: 973 878-3991

TBCC: \_\_\_\_\_

Drug Screen Done? ☐ yes ☐ No

Further Testing? ☐ yes ☐ No

● Patient's Name Vingles, Robert

Date of Visit: 3/8/24

Injury Date/Time: 2/28/24

● Employer: P.V.C.S.

Tel No.: \_\_\_\_\_

Light Duty Avail. (circle) Always yes No Pls Call

● Insurance Company: D and H

Appointments: (circle) On/Off work hours

## DIAGNOSIS

L5/S1 @ radiculopathy - strain vs HNP

## TREATMENT (Circle) Ace Burn Tray Cane Crutches Exam Eye Tray

Dressing DTshot ForeignBodyRemoval LumbarSupport Morgan Lens NailCautery  
NS Irrigation Prescription Splint SteriStrips SurgicalTray SutureRemovalSet  
Sutures Toradol60mgShot TubeGauzeDressing VisionTest X-ray Others:

## WORK STATUS

- ☒ Out of work if no leg work
- ☐ Return to full duty on \_\_\_\_/\_\_\_\_/\_\_\_\_ without restrictions
- ☐ Pending Intek ☐ Pending Drug Screen
- ☒ Return to light duty on 3/8/24

with the following restrictions:

- ☒ No lifting/carrying over 20 lbs.
- ☒ No pushing/pulling over 20 lbs.
- ☒ No bending/stooping
- ☒ No climbing/kneeling
- ☐ No reaching overhead
- ☐ No driving
- ☐ No use of LEFT/RIGHT \_\_\_\_\_
- ☐ Alternate sitting/standing
- ☐ Other: \_\_\_\_\_

Patient time in

11:10am

R. V.  
Patient's Signature

## APPOINTMENTS

- ☐ Discharged
  - ☒ Return to IMS on 2 days after MNT @ \_\_\_\_ a.m / p.m
- (If patient fails to return within 48hrs. of appointment they are automatically discharged on full duty unless a valid excuse is produced.)

Patient's Initials R.V.

## REFERRALS

- ☐ Physical Therapy 3X per week thru \_\_\_\_\_
- ☒ Tests: MNT L5/S1
- ☐ Specialist: \_\_\_\_\_

Dr.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Appointment: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_

Patient time out

12:12

Has Patient reached MMI Yes ☐ No ☐

R. V.  
Physician's Signature

State of New Jersey  
**PRESCRIPTION BLANK**

IRONBOUND MEDICAL SERVICES  
CAMILLE M. RIGOGLIOSO, M.D.  
221 CHESTNUT STREET  
NEWARK, NJ 07105  
973-878-3990 FAX: 973-878-3991  
NPI # 1295909646

LICENSE # 25MA08112000 DEA # BR6452572

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Anales, Robert

D.O.B.

ADDRESS

DATE 3/8/24



MRI LSSKUP  
26 pain  
N/O HMP



T128V0718002045

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL

TIMES

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW