D&H ALTERNATIVE RISK

TTN: Kristin Wa	FAX: 973-940-1852 CLAIM#: PJUX 085211
******************	GREGORY S. GALLICK, M.D. ORTHOPAEDIC SURGERY AND SPORTS MEDICINE 2780 MORRIS AVE, SUITE 2-C UNION, NEW JERSEY 07083
	(908 <u>) 686-</u> 6665 FAX (908) 687-7507
Time In: N	Time Out: /2.10pm
Name: Anton	nio Cortes Date: 10/3/23
Diagnosis: _A	Abrasian Contusian @ Ruse
	cribed any medications? NO YES: 105 (1) cation affect their ability to work? NO YES
·	☐ Temporarily Totally Disabled for: DaysWeeksMonths
	☐ May Return to Work/School Full Time ☐ Part Time ☐
	May Return to Work/School with Restrictions: No Occasionally Intermittent
	Squatting
•	Stooping Stoeping
	Bending
	Running (C // C
	Jumping
	Climbing
	Turning Work
	Lifting 5 0-10 lbs. 10-25 lbs. 25-50 lbs None
	Carrying 5 0-10 lbs. 10-25 lbs. 25-50 lbs None
•	Standing 15 min. 30 min. 60 min. 120 min.
	then after 1> minutes of rest may return to
	standing
	Return to Work/School Date:
	Return to Sports Date:
	Drive: Tyes No
	Remarks: 120m
	(-)
	Signature:

19086862638

