



Alternative Risk Solutions

Risk Management & Third Party Administration

WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

March 2, 2023

TO DOCTOR: GREGORY GALICK PHONE: 908-686-6665 FAX: 908-687-7507

DATE: MON. 3/6/23 @11:30am

LOCATION: 2780 MORRIS AVE. Union

 #88493
 acts / complete
 3/2/23
 FAXED
 3/6/23

PLEASE NOTE: OUR COMPANY REPRESENTS THIS PATIENT'S EMPLOYER
 AND WORKERS' COMPENSATION INSURANCE CARRIER IN THIS MATTER

RETURN TO : CLAIM ADJUSTER (PAYOR) : CAROLINA SHELL

EMPLOYER: PLAINFIELD ACADEMY ARTS & ADVANCED STUDIES

PATIENT: DONNETTE REED

DATE OF LOSS: 02/16/2023

CLAIM #: PLB082920

WORK INJURY: RT. SHOULDER, RT. SIDE NECK

☒ X PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: ☒ X TREATMENT

IW WAS PUNCHED ON RIGHT SIDE NEAR EYE SOCKET, HIT ON LT. SIDE ABOVE EAR NOT TOO FAR FROM TEMPLE. IW WAS
 KNOCKED TO GROUND AND FELL ON RIGHT SIDE, CAUSING INJURY TO RIGHT SHOULDER AND RT. SIDE OF NECK.

1. CURRENT DIAGNOSIS: C-Strain, Rt Sh/1/2, Rt Trapezial Strain

2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY? ☒ YES ☐ NO IF NO PLEASE EXPLAIN:

3. TREATMENT PLAN: Physical Therapy for 2 weeks, needs to be scheduled.

4. NEXT APPOINTMENT: 3/23/23 @ 12:00pm

MMI DATE:

5. PHYSICAL CAPACITY: TOTAL BED REST SEDENTARY ONLY

☐ NO LIFTING

LIFTING UP TO _____ LBS.

☐ NO DRIVING

NO CLIMBING

☐ OTHER: _____

Full Duty

DOCTOR'S SIGNATURE

DATE

3/6/23

THIS REQUESTED INFORMATION IS NEEDED IN ORDER FOR ME TO PROPERLY HANDLE THIS WORKERS' COMPENSATION
 CLAIM AND IS REQUIRED IN ORDER FOR US TO ISSUE PAYMENTS OF YOUR MEDICAL INVOICES. SHOULD YOU HAVE ANY
 QUESTIONS PLEASE CALL ME AT THE NUMBER BELOW.

PLEASE SEND BILLS AND RECORDS TO THE ADDRESS BELOW.

GREGORY S. GALLICK, MD
2780 MORRIS AVE. 2C
UNION, NJ 07083-4848

March 6, 2023

Patient: Donnette Reed DOB: 04/30/1983
71 Wintergreen Ave W Apt 20E
Edison, NJ 08820

88493

PHYSICAL THERAPY PRESCRIPTION (CS)

DX: CERVICAL STRAIN

Heat/ice, massage, mobilization, ultrasound, electric stim, traction, and strengthening

For: 3 times per week for 2 weeks.

PLEASE SEND PROGRESS NOTES WITH PATIENT FOR THEIR NEXT APPOINTMENT

DO NOT FAX PROGRESS NOTES TO OUR OFFICE

A handwritten signature in black ink, appearing to read 'Gallick MD', with a stylized flourish at the end.

Gregory S. Gallick, M.D.
Tax I.D. # 22-2677509
Phone #: 908-686-6665

GREGORY S. GALLICK, MD
2780 MORRIS AVE. 2C
UNION, NJ 07083-4848

March 6, 2023

Patient: Donnette Reed DOB: 04/30/1983
71 Wintergreen Ave W Apt 20E
Edison, NJ 08820

88493

PHYSICAL THERAPY PRESCRIPTION (\$\$X)

DX: RIGHT SHOULDER/TRAPEZIAL STRAIN

Shoulder-Rotator Cuff Tendinitis: Ice, ultrasound, electric stim. internal & external Rotator Cuff exercises, gentle passive manipulation to avoid a frozen shoulder. A-ROM & strengthening exercises, progress as tolerated.

For: 3 times per week for 2 weeks.

PLEASE SEND PROGRESS NOTES WITH PATIENT FOR THEIR NEXT APPOINTMENT

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A handwritten signature in black ink, appearing to read 'Gallick', followed by a stylized mark that looks like 'ND' or a checkmark.

Gregory S. Gallick, M.D.
Tax I.D. # 22-2677509
Phone #: 908-686-6665