

# F A X S H E E T

Date: Nov-09-2022 12:50:28  
To: Forgione , Dominique  
Subject: Patient Document  
Fax Number: 973-940-1852  
To Company:  
From Name: Fruscione,Alexandra R  
From Company: O-Seaview Orthopaedic  
From Facility: O-Seaview Orthopaedic  
Support Contact: 732-660-6200  
Number of Page(s): 3

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**Seaview Orthopaedic  
and Medical Associates**

Central Fax: 732-660-6201  
Website: www.seaviewortho.com

**Seaview Pavilion**  
1200 Eagle Avenue  
Suite 100  
Ocean, NJ 07712  
Ph: 732-660-6200

**Clearbrook Commons**  
294 Applegarth Road  
Suite C  
Monroe, NJ 08831  
Ph: 609-495-1888

**Brick Medical Arts Building**  
1640 Route 88 West  
Suite 101 & 203  
Brick, NJ 08724  
Ph: 732-458-7866

**Atlantic Commons**  
500 Barnegat Blvd North  
Building 200  
Barnegat, NJ 08005  
Ph: 609-488-3988

**Patriot's Park**  
222 Schanck Road  
Suite 105 & 300  
Freehold, NJ 07728  
Ph: 732-462-1700

**Holmdel Corp Plaza**  
2139 Route 35 North  
Suite 140  
Holmdel, NJ 07753  
Ph: 732-897-4800

## WORKERS' COMP QUICK NOTE

- ☐ Initial Visit  
☒ Follow-Up Visit

Time In: \_\_\_\_

Time Out: 12:45pm

CLAIM NUMBER: GSNP081665.

RE: Donald Clare ACCOUNT NO: 728095

Date of Injury: 2022-10-12 Date of Evaluation: 11/09/2022

**DIAGNOSIS:** Post-traumatic osteoarthritis of right knee - M17.31 (Primary) Complex tear of medial meniscus of right knee as current injury, initial encounter - S83.231A Other tear of lateral meniscus of right knee as current injury, initial encounter - S83.281A

Treating Physician: Dr. Chern

CAUSALITY: ☒ YES ☐ NO is the injury/illness the result of a work-related incident or condition of employment

### RECOMMENDED TREATMENT PLAN:

☐ MRI - ☐ EMG - ☐ CAT scan -

☒ PT 3 Days Per Week X 3 Weeks

☐ FCE

☐ DME ☐ given ☐ needs to be ordered

☒ **Medication Name:** Start EC Naprosyn delayed release tablet, 375 mg, 1 tab(s), orally, 2 times a day, 8 days, 16 Tablet

☐ Other

☐ Referral to specialty:

☐ Injection

☐ Surgery

### WORK STATUS/RESTRICTIONS:

Worker's Compensation Quick Note Recommended Treatment Plan Medication(s) prescribed: NSAID, Therapy: physical therapy prescription given today. Work Status The patient's work status is work with restrictions. Physical restrictions With injured right lower extremity, avoid climbing ladders, kneeling, squatting, running, twisting, In an 8 hour day, the patient may stand and walk less than 1 hour, Other physical restrictions: sedentary work only. Driving Restrictions Type of driving permitted: automatic transmission only. Causality Within a reasonable degree of medical certainty, the patient's complaints are work related. MMI status Has the patient reached MMI? Not yet. Further treatment is indicated.

Discharged from Care: Date: \_\_\_\_

Follow-Up Visit: 11/30/2022 1:30 PM

*I certify that this is my medical opinion and that this treatment plan, including recommendation for therapy, orthopaedic equipment, testing, x-rays, etc. is medically necessary and essential.*

*Kenneth J. Chern*

Physician Signature

11/09/2022

Date

\*If you need further information regarding the above, please contact the Workers' Compensation Department at 732-774-6200 or FAX your questions to 732-988-1146.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Order Form****O-Seaview Orthopaedic**1200 EAGLE AVE,  
OCEAN, NJ, 07712-7631

732-660-6200 732-660-6201

Req/Ctrl# (CD-): 5219098

Kenneth Y. Chern, MD

NPI: 1821057886

Provider Code: 122

Orthopedic Surgery

**Clare, Donald, Male, 11/28/1966** ID: 728095

000-000-0000 1111 LOGAN RD, Asbury Park, NJ, US 07712

Today: 11/09/2022 12:42 PM

Order Date: 11/09/2022 10:45 AM

Primary Insurance Name: D and H Management Corp WC

Insurance Address: PO Box 68 , Newton , NJ , 07860

Subscriber Number: GSNP081665

Insured Name: Clare, Donald

Address: 1111 LOGAN RD. Asbury Park, NJ, US 07712

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	PT Exercise-Therapeutic	No	- M17.31, Post-traumatic osteoarthritis of right knee - S83.231A, Complex tear of medial meniscus of right knee as current injury, initial encounter - S83.281A, Other tear of lateral meniscus of right knee as current injury, initial encounter	
Routine	PT Exercise-Stretching	No	- M17.31, Post-traumatic osteoarthritis of right knee - S83.231A, Complex tear of medial meniscus of right knee as current injury, initial encounter - S83.281A, Other tear of lateral meniscus of right knee as current injury, initial encounter	
Routine	PT Modalities- PRN	No	- M17.31, Post-traumatic osteoarthritis of right knee - S83.231A, Complex tear of medial meniscus of right knee as current injury, initial encounter - S83.281A, Other tear of lateral meniscus of right knee as current injury, initial encounter	
Routine	PT Exercise Home Program	No	- M17.31, Post-traumatic osteoarthritis of right knee - S83.231A, Complex tear of medial meniscus of right knee as current injury, initial encounter - S83.281A, Other tear of lateral meniscus of right knee as current injury, initial	