



Risk Management &amp; Third Party Administration

**WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION**

October 19, 2023

TO DOCTOR: DR. GALLICK  
P.T. FACILITY: 2780 MORRIS AVE  
SUITE 2C  
UNION, NJ. 07083

PHONE: 908-686-6665 FAX: 908-687-7507

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

RETURN TO: CLAIM ADJUSTER (PAYOR): KRISTIN WILKINSON KWILKINSON@RISKSOLUTIONS.COM

EMPLOYER: PJIF ROS DPW  
PATIENT: GLENN NOLEN  
ADDRESS: 412 E. 7<sup>TH</sup> AVE  
ROSELLE, N.J 07203  
PHONE: 973-264-6961  
SS#: 149-68-1451  
DOB: 05/24/1965  
DATE OF LOSS: 10/11/2023  
CLAIM #: PJWC085646  
WORK INJURY: LOWER BACK

X PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: X TREATMENT  
X AFTER YOU HAVE HAD AN OPPORTUNITY TO EXAMINE THE PATIENT, PLEASE COMPLETE THE  
INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE  
YOUR NOTES WHEN COMPLETED  
OTHER:

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1. CURRENT DIAGNOSIS: L-5 strain  
2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY? ☒ YES ☐ NO IF NO PLEASE EXPLAIN:

3. TREATMENT PLAN: physical therapy 2 weeks

4. NEXT APPOINTMENT: 2 weeks where in DATE:

5. PHYSICAL CAPACITY: as of 10/24/23 x(2) how many TOTAL BED REST SEDENTARY ONLY

☒ NO LIFTING ☒ LIFTING UP TO 15 LBS.  
☐ NO DRIVING ☐ NO CLIMBING  
OTHER: Light Duty

DOCTOR'S SIGNATURE

DATE

.....  
THERAPY - RX FROM REFERRING DOCTOR IS ENCLOSED - PLEASE FORWARD P.T. NOTES TO D&H AS  
WELL AS REFERRING PHYSICIAN  
.....

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

October 23, 2023

Patient: Glenn Nolan DOB: 05/24/1965  
412 E 7Th Ave  
Roselle, NJ 07203

89112

**PHYSICAL THERAPY PRESCRIPTION (LS)**

**DX: LUMBOSACRAL STRAIN**

Heat/ice, massage, mobilization, ultrasound, electric stim, traction, and abdominal/low back 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 'Greg S. Gallick' followed by a stylized 'MD'.

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