

D&H ALTERNATIVE RISK

ATTN: Carolina Shell

FAX: 973-940-1852

CLAIM#: PV5082811*****
GREGORY S. GALLICK, M.D.ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
2780 MORRIS AVE, SUITE 2-C
UNION, NEW JERSEY 07083

(908) 686-6665

FAX (908) 687-7507

Time In: 12:29 pmTime Out: 12:51 pmName: Alessandro AlvesDate: 2-15-23Diagnosis: L-5 strain @ L-5 Radic.Have you prescribed any medications? NO (YES) Flexeril prescribed on 2/16/23Will this medication affect their ability to work? NO (YES)☐ Temporarily Totally Disabled for:

_____ Days _____ Weeks _____ Months

☐ May Return to Work/School Full Time ☐ Part Time ☐☒ May Return to Work/School with Restrictions: 2/16/23

No

Occasionally

Intermittent

Squatting

Stooping

Kneeling

Bending

Running

Jumping

Climbing

Turning

Lifting

Carrying

Standing

0-10 lbs.

0-10 lbs.

15 min.

10-25 lbs.

10-25 lbs.

30 min.

25-50 lbs

25-50 lbs

60 min.

None

None

120 min.

then after 5 min. minutes of rest may return to standingalternate sitting/standing, walkingReturn to Work/School Date: 2/16/2023

Return to Sports Date: _____

Drive: ☐ Yes ☐ NoRemarks: Physical therapy 2 weeks.

Signature: _____

Next Appt:

3/1/23 @ 1:30 pm

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

February 15, 2023

Patient: Alessandro Alves DOB: 09/28/1984
6 Silvia Place
N Arlington, NJ 07031

88437

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 'Gallick' followed by a stylized 'MD'.

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