

# Patient Treatment Form

## Initial Evaluation Information

Job/position Title <b>Admin Assistant</b>	Post-Accident DS (Circle) Y or <b>N</b>	SSN <b>157-58-7579</b>	DOB <b>04.18.1959</b>	Age <b>64</b>	Sex <b>F</b>
Past Medical History <b>↑ Cholesterol</b>	Last Tetanus: (Circle) <5 years >5 years		T <b>90</b>	R <b>62"</b>	Wt. <b>160</b>

## Current Visit Information

Drug Allergies: <b>NKA</b>	Post Acc DS? Y / <b>N</b>	BP <b>132/76</b>	Patient's Statement: <b>Pt. states still feeling pain @ side of the body - arm, wrist, knee pain 8.5/10</b>
Current Meds: <b>Crestor, Asa 81 mg</b>		LMP	Nurse's Signature: _____

## Physician's Notes (Continue on Back)

- ⑤ Pt. states her ① shoulder is a little better, as well as her ② wrist. ③ ankle & ④ hip are about the same. ⑤ knee is the worst, & throbbing pain. Hurts to bear weight. Woke but called out yesterday & day before 2<sup>nd</sup> pain
- ⑥ NAD
- ① shoulder: Almost PAIN recent flared & also ~155°
- ② wrist: FROM. @ TOP ulnar side
- ③ hip: FROM. @ TOP greater trochanter
- ④ knee: Slight medial pt. into TOP. FROM. @ Anterior knee test. @ ACL loose/loose
- ⑤ ankle: @ TOP posteriorly unstable @ dandy/legion - Good ROM

## Treatment Plan (Include all procedures performed and supplies given)

- Cont. Advise to food, moist heat, & ice
- Start WEP @ ankle
- With start formal therapy PT 3x/week x 2 wks
- With 1st wk ① knee - RICE movement

Toradol 60 mg 1st dose  
2.0 me deep IM L & G M  
6030564  
01.25.24

☐ VIS received: \_\_\_\_\_

Patient's Initials

- ☐ Initial Evaluation
- ☒ Follow-up Visit
- ☐ Other: \_\_\_\_\_

## PATIENT STATUS REPORT IRONBOUND MEDICAL SERVICES

221 Chestnut Street, Newark NJ 07105

Phone: 973 878-3990 Fax: 973 878-3991

TBCC: \_\_\_\_\_

Drug Screen Done? ☐ yes ☐ No

Further Testing? ☐ yes ☐ No

• Patient's Name: **Sapolsky, Anna Maria**

• Employer: **PHH**

• Insurance Company: **J & H**

Date of Visit: **09.22.2023**

Tel No.: \_\_\_\_\_

Injury Date/Time: **09.13.2023**

Light Duty Avail. (circle) Always yes No Pls Call

Appointments: (circle) On/Off work hours

## DIAGNOSIS

- ① hip pain & ② leg radiate - 2<sup>nd</sup> contusion, strain
- ③ knee pain - 2<sup>nd</sup> contusion & strain vs. internal derangement
- ④ ankle pain - 2<sup>nd</sup> sprain
- ⑤ shoulder & ⑥ wrist pain - 2<sup>nd</sup> strain & contusion

TREATMENT (Circle)	Ace	BurnTray	Cane	Crutches	<b>Exam</b>	EyeTray
Dressing	DTshot	ForeignBodyRemoval	LumbarSupport	Morgan Lens	NailCautery	
NS Irrigation	Prescription	Splint	SteriStrips	SurgicalTray	SutureRemovalSet	
Sutures	<b>Toradol 60mg Shot</b>	TubeGauzeDressing	VisionTest	X-ray	Others:	

## WORK STATUS

- ☒ Out of work if no light duty available or below
- ☐ Return to full duty on \_\_\_\_/\_\_\_\_/\_\_\_\_ without restrictions
- ☐ Pending Intek ☐ Pending Drug Screen
- ☒ Return to light duty on **9/22/23**

with the following restrictions:

- ☒ No lifting/carrying over **10** lbs.
- ☒ No pushing/pulling over **10** lbs.
- ☐ No bending/stooping
- ☒ No climbing/kneeling
- ☒ No reaching overhead
- ☐ No driving
- ☐ No use of LEFT/RIGHT
- ☒ Alternate sitting/standing as needed.
- ☐ Other: \_\_\_\_\_

Patient time in

**9:18**

## APPOINTMENTS

- ☐ Discharged
- ☒ Return to IMS on **9/29/23 @ 9:30 a.m.** p.m.
- (If patient fails to return within 48hrs. of appointment they are automatically discharged on full duty unless a valid excuse is produced.)

Patient's Initials **AM**

## REFERRALS

- ☒ Physical Therapy 3X per week thru **2 wks**
- ☒ Tests: **MPT @ knee**
- ☐ Specialist: \_\_\_\_\_

Dr.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Appointment: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_

Patient time out

**12:00**

Has Patient reached MMI Yes \_\_\_\_ No \_\_\_\_

**Anna Maria Sapolsky**  
Patient's Signature

**R. M. [Signature]**  
Physician's Signature

State of New Jersey  
**PRESCRIPTION BLANK**

IRONBOUND MEDICAL SERVICES, LLC  
ROBERT MUSTILLO, M.D.  
INTERNAL MEDICINE  
221 CHESTNUT STREET  
NEWARK, NJ 07105  
973-878-3990 FAX: 973-878-3991  
NPI # 1649470295

LICENSE # 25MA05378200 DEA # BM4175279  
IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Anna Maria Sanabria D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE 9/22/20



MRI @ Knee - R/O  
meniscal tear.

Dx: @ Knee sprains.



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

☒ DO NOT REFILL Rx

SIGNATURE OF PRESCRIBER

REFILL \_\_\_\_\_ TIMES

R. Mustillo

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

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PATIENT Ana Maria Sanabria

D.O.B.

ADDRESS

DATE

9/22/23



PT 3X / wk x 2 wks  
① shoulder & wrist  
② hip, ③ knee, & ④ ankle

DX: Sprained & contusion  
① shoulder, wrist, hip, knee,  
& ankle



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Robert Mustillo MD

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