

D&H ALTERNATIVE RISK

ATTN: Carolina Shell

FAX: 973-940-1852

CLAIM#: PLB082769-02*****
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: 8:54 amTime Out: 9:11 amName: Frank FuscoDate: 3-29-23Diagnosis: S/p Repair Distal @ Biceps Tendon.Have you prescribed any medications? (NO) YES:Will 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:

No

Occasionally

Intermittent

Squatting

Stooping

Kneeling

Bending

Running

Jumping

Climbing

Turning

Lifting

0-10 lbs.

10-25 lbs.

25-50 lbs

None

Carrying

0-10 lbs.

10-25 lbs.

25-50 lbs

None

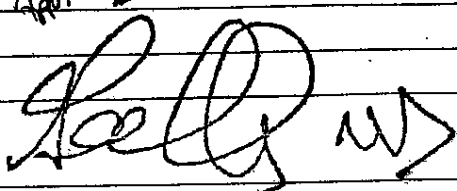
Standing

15 min.

30 min.

60 min.

120 min.

then after minutes of rest may return to
standingReturn to Work/School Date: 3/31/23 Full DutyReturn to Sports Date: Drive: ☐ Yes ☐ NoRemarks: Next Appt →Signature: Mai

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

March 29, 2023

Patient: Frank Fusco DOB: 10/03/1976
33 Briar Circle
Green Brook, NJ 08812

88422

PHYSICAL THERAPY PRESCRIPTION (SSX)

DX: S/P REPAIR RIGHT DISTAL BICEPS TENDON

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

DO NOT FAX PROGRESS NOTES TO OUR OFFICE

A handwritten signature in black ink, appearing to read 'Gallick' followed by a stylized flourish.

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