



**SEAVIEW
ORTHOPAEDICS**

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: 9:45 AM

Time Out: 9:45 AM

CLAIM NUMBER: GSMP080021

RE: Ryan Chippendale

ACCOUNT NO: 629379

Date of Injury: 2022-05-30

Date of Evaluation: 10/11/2023

DIAGNOSIS:

Cubital tunnel syndrome on right - G56.21 (Primary) Right carpal tunnel syndrome - G56.01

Treating Physician: Dr. McDaid

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 ☐ OT ☐ Work conditioning 3 Days Per Week X 4 Weeks
- ☐ FCE
- ☐ DME ☐ given ☐ needs to be ordered
- ☐ Medication Name:

- ☐ Other
- ☐ Referral to specialty:
- ☐ Injection
- ☐ Surgery

WORK STATUS/RESTRICTIONS:

Work comp determinations Work Status Light duty from today to next appointment. No use of right arm for pushing, lifting or pulling. Causality All of the patient's complaint are work-related. Has pt reached MMI? Not yet. Further treatment is indicated.

Discharged from Care: Date:

Follow-Up Visit: 11/08/2023 9:30 AM

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.

Kir C. McDaid

Physician Signature

10/11/2023

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.

Order Form**O-Seaview Orthopaedic**

1200 EAGLE AVE,
OCEAN, NJ, 07712-7631
732-660-6200 732-660-6201

Req/Ctrl# (CD-): 5656315

Kevin C. McDaid, MD

NPI: 1902004229

Provider Code: 406116

Orthopedic Surgery

Chippendale, Ryan, Male, 05/31/1983 ID: 629379

732-284-1289 57 Elm Place, Red Bank, NJ, US 07701

Today: 10/11/2023 09:45 AM

Order Date: 10/11/2023 09:45 AM

Primary Insurance Name: D and H Management Corp WC

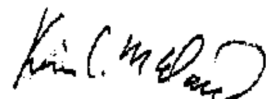
Insurance Address: PO Box 68 , Newton , NJ , 07860

Subscriber Number: GSMP080021

Insured Name: TOWNSHIP OF NEPTUNE,

Address:

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	PT Occupational Therapy-Functional Exercise	No	- G56.21, Cubital tunnel syndrome on right	
Routine	PT Occupational Therapy- Scar Management	No	- G56.21, Cubital tunnel syndrome on right	
Routine	PT Occupational Therapy-Edema Control	No	- G56.21, Cubital tunnel syndrome on right	
Routine	PT Occupational Therapy-Arom	No	- G56.21, Cubital tunnel syndrome on right	
Routine	PT Occupational Therapy Evaluation	No	- G56.21, Cubital tunnel syndrome on right	
Routine	PT Occupational Therapy-Prom Notes: 3x a week for 4 weeks	No	- G56.21, Cubital tunnel syndrome on right	
Routine	PT Occupational Therapy-Sensory Evaluation/Re-Education Notes: 3x a week for 4 weeks	No	- G56.21, Cubital tunnel syndrome on right	



Electronically Signed By: Kevin C. McDaid, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Chippendale, Ryan, M, 05/31/1983