



Alternative Risk Solutions

Risk Management & Third Party Administration

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

*Rec'd + (initials)*  
12/1/22  
**FAXED**  
12/5/22

December 1, 2022

**TO DOCTOR: GREGORY GALICK** PHONE: 908-686-6665 FAX: 908-687-7507

**DATE: MON. 12/5/22 @12:15PM**

**LOCATION: 2780 MORRIS AVE. Union**

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

**RETURN TO : CLAIM ADJUSTER (PAYOR) : CAROLINA SHELL**

**EMPLOYER:** HUBBARD MIDDLE SCHOOL

**PATIENT:** DEXTER ALBERT

**DATE OF LOSS:** 10/13/2022

**CLAIM #:** PLB081642

**WORK INJURY:** LT. SHOULDER

X  PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR:  X  TREATMENT   SURGERY   MRI  
  EMG   OTHER

**\*\*\*\*\*PLAINFIELD BOARD OF EDUCATION OFFERS LIGHT OR MODIFIED DUTY FOR  
THEIR EMPLOYEES, DEPENDING ON RESTRICTIONS. THIS MUST BE CONSIDERED WHEN  
WORK STATUS IS ADDRESSED\*\*\*\*\***

**\*\*\*\*\*PLEASE SEND OVER QUICK NOTES IMMEDIATELY AFTER EACH APPOINTMENT.  
PLEASE SEND DICTATION AS SOON AS IT IS AVAILABLE\*\*\*\*\*  
ALL DIAGNOSTIC TESTING AND PHYSICAL THERAPY WILL BE ARRANGED BY THE  
ADJUSTER.**

**THANK YOU~**

\*\*\*\*\*

1. CURRENT DIAGNOSIS: Stemn @ Shide
2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY?  ✓  YES   NO IF NO PLEASE EXPLAIN:

3. TREATMENT PLAN: Physical therapy 3x wk/2 wks.

4. NEXT APPOINTMENT: 12/19/22 @ 3:15pm MMI DATE:
5. PHYSICAL CAPACITY:   TOTAL BED REST   SEDENTARY ONLY

Full Duty  
  NO LIFTING   LIFTING UP TO   LBS.  
  NO DRIVING   NO CLIMBING  
  OTHER:

DOCTOR SIGNATURE

12-5-22  
DATE

\*\*\*\*\*  
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.

P.O. Box 68 Newton, New Jersey 07860 • Tel: 973-940-1851 • Fax: 973-940-1852  
email address: dh@risksolutions.com • website address: www.risksolutions.com

*Main*

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

December 5, 2022

Patient: Dexter Albert DOB: 04/19/1961  
982 Prospect Ave  
Plainfield, NJ 07060

88245

**PHYSICAL THERAPY PRESCRIPTION (SSX)**

**DX: STRAIN LEFT SHOULDER**

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 'Gregory S. Gallick' followed by a stylized flourish.

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