



**SEAVIEW  
ORTHOPAEDICS**

**Prescription for Post-Operative Physical Therapy**

TO: D&H WC

ATTN: Angela Montgomery

FAX NO: 973-940-1852

CLAIM NUMBER: PJWC08212102

RE: Leonard Stavish

ACCOUNT NO: 414740

Date of Injury: 12/5/22

SS#: 149-72-7185

DIAGNOSIS: S46.012A, M75.42, M25.512

REQUESTING PHYSICIAN: Dr. Spagnuolo

PHYSICAL THERAPY ORDERS:

☒ PT Evaluate and Treat

Number of treatments per week - 3 Number of weeks - 2  
To be started day after surgery

☐ OTHER:

Name: Christopher Spagnuolo, MD

Date: 1/20/23

Physician Signature