

160 E. Hanover Ave., Ste 201
Morristown, NJ 07960

1125 Route 22
Bridgewater, NJ 08807

333 Mount Hope Ave., Ste 140
Rockaway, NJ 07866

579 Cranbury Rd., Ste H
East Brunswick, NJ 08816

Mailing Address: P.O. Box 2266, Morristown, NJ 07962

Phone (973) 538-0900

Fax (973) 538-0909

Brief Note / Office Visit Summary - Worker's Comp

Patient: KEITH BIERWISCH

Physician: Dr. Charles Gatto, M.D.

Date of Service: 6/13/23

Employer:

Ins Co: D&H

Claim#: IWC073411-01

DOI: 11/10/2020

NCM: CAROLINA SHELL

Phone: 973-940-1851

EXT: 239

Fax: 973-940-1852

Diagnoses / ICD-10:

Causal Relationship: Yes No

leg L5/S1 Disc bulge / Facet Deg

Treatment Plan:

CT/MRI - lumbar spine

prob leg pain / fun / Inst Surg

Work Status:

No Work

No Change in work status from last visit.

Full Duty with No Restrictions

Restricted Duty: The patient is Able / Unable to do usual job with following restrictions:

Restrictions:

Lifting: up to 25 lbs.

Pushing/Pulling: up to 25 lbs.

Drive for Work: Yes / No

Bending: Yes / No

Sitting: Yes / No

Climbing: Yes / No

Standing: Yes / No

Overhead Activity: Yes / No

Walking: Yes / No

5 Minute Breaks Each Hour

Sit or
stand
as
will

Estimated date of return to usual job with some restriction:

Estimated date of return to full and unrestricted duties/activities:

Has patient reached Maximal Medical Improvement?

Yes No

Follow up Visit:

CT/MRI

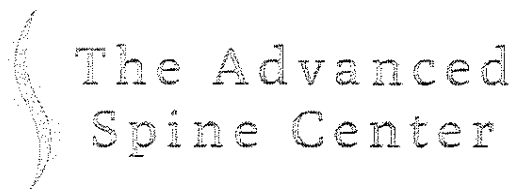
7/28/23

3:15 PM

Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
Spine Surgery

George S. Naseef, M.D.
Spine Surgery



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WORK STATUS

Patient: Keith Bierwisch

Date of Service: 7/13/23

Diagnoses / ICD-10: _____

☒ The patient was seen in our office today:

☐ The patient is out of School / Gym / Sports until: _____

Work Status: ☐ No work ☐ No Change in work status from last visit

☐ Full Duty with No Restrictions

Restricted Duty: ☐ patient is **able** to do usual job with following restrictions:

☐ patient is **unable** to do usual job – see following restrictions:

Restrictions:

- Sit / Stand at
will

Lifting: up to 25 lbs.

Drive for Work: Yes / No

Sitting: Yes / No

Standing: Yes / No

Walking: Yes / No

Pushing/Pulling: up to 25 lbs.

Bending: Yes / No

Climbing: Yes / No

Overhead Activity: Yes / No

☐ 5 Minute Breaks Each Hour

The above work restrictions are in effect until: 7/28/23

Estimated date of return to usual job with some restriction:

Estimated date of return to full and unrestricted duties/activities:

Has patient reached Maximal Medical Improvement?

Yes ☒ No

Follow-up Visit:

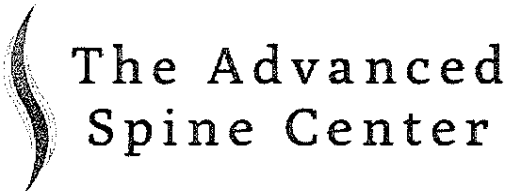
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STUDIES

Patient Name: Keith Bierwisch

DOB: 6/18/64

Date: 7/13/23

Diagnosis:

M54.16 / M54.50

lumbar leg and leg pain - Keith
power intervertebral,

Back pain
PATIENTS: DO NOT BOOK YOUR STUDY UNTIL YOU HAVE CONTACTED OUR OFFICE SPECIALIST AT 973-538-0900 ext. 594 SO WE MAY SUBMIT THE AUTHORIZATION REQUEST.

Please Accept this as a Prescription / Request for:

☐ X-RAY: ☐ Lumbar Spine: AP / Lat / Flex / Ext ☐ Cervical Spine: AP / Lat / Flex / Ext

☐

☒ MRI - with continuous axial images oriented parallel to disc spaces:

☒ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine

☒ Without Contrast ☐ With Contrast ☐ With and without Contrast

☐

☒ CT - with small cuts and sagittal and coronal reconstructions:

☒ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine ☐ Bone windows only

no contrast

☐ Myelogram / with follow up CT: ☐ Lumbar spine ☐ Cervical Spine ☐ Thoracic Spine

☐ Bone Scan: ☐ Total Body ☐ Lumbar Spine / Pelvis / SPECT Images ☐ Other: ☐ Bone Density

☐ EMG/NCV

☐ Blood Work: ☐ CBC w/platelets ☐ ESR ☐ Rheum Factor ☐ HbA1C
☐ SMA-7 ☐ C- Reactive Protein ☐ ANA ☐ B12 / Folate
☐ SMA-20 ☐ SPEP ☐ Lyme Titer ☐ RPR
☐ PT/PTT ☐ PSA ☐ HLA-B27 ☐ T3 / FT4 / TSH

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