

197 Ridgedale Avenue, Suite 300 Cedar Knolls, NJ 07927 Phone: 973-538-2334

Physical Therapy:x/wkwk
Adjustor: ANGELA MONTGOMERY  Email: AMONTGOMERY@RISKSOLUTIONS.COM  Case Mgr/Other: CAROLINA SHELL  Email: CSHELL@RISKSOLUTIONS.COM  Diagnosis: Am from  Work Status  Unable to work effective:  Return to work with modifications:  Restrictions include:  No Climbing No Kneeling No Squatting No Overhead lifting Maximum lift and push/pull of libs with affected extremity  NWB TTWB PWB FWB No use of:  Other:  Able to drive at work: Yes No Estimated MMI:  Able to drive outside of work: Y/N  Treatment Plan Am MI  Able to drive at work: Yes No Estimated MMI  Able to drive outside of work: Y/N  Treatment Plan Am MI  Able to drive outside of work: Y/N  Medications  Narcotic prescribed:  Pain Score prior to narcotic initiation: (0-10) Pain Score after Narcotic initiation (0-10) Referral to pain management:  Follow un appointment:
Email: AMONTGOMERY@RISKSOLUTIONS.COM  Case Mgr/Other: CAROLINA SHELL  Phone: 973-940-1852  Email: CSHELL@RISKSOLUTIONS.COM  Diagnosis: And Proc.  Causality: (first visit only) Yes No  Work Status  Unable to work effective: Return to work full duty effective: 1000 No Overhead lifting Maximum lift and push/pull of lbs with affected extremity NWB TTWB PWB FWB No use of: Other:  Able to drive at work: Yes No Estimated MMI:  Able to drive at work: Yes No Estimated MMI:  Able to drive outside of work: Y/N  Treatment Plax  Arch MRI Arthrogram CT Scan  Injection EMG/NCS Brace Splint CAM Walker  HEP/Therstands Consults  Other:  Medications  Narcotic prescribed: Start Date:  Pain Score prior to narcotic initiation: (0-10) Pain Score after Narcotic initiation (0-10) Follow un annotyment: Annother processing and the processing and the pain management:  Follow un annotyment: Annother Processing Consults  Causality: (first visit only) Yes No Work Status  Return to work full duty effective: 1000 No Overhead lifting Insert Status only) Yes No Work Status  Causality: (first visit only) Yes No Work Status  Return to work full duty effective: 1000 No Overhead lifting Insert Status only) Yes No Work Status  Causality: (first visit only) Yes No Work Status  Return to work full duty effective: 1000 No Overhead lifting Insert Status only) Yes No Work Status  Return to work full duty effective: 1000 No Overhead lifting Insert Status only) Yes No Work Status  Return to work full duty effective: 1000 No Overhead lifting Insert Status only) Yes No Work Status  Return to work full duty effective: 1000 No Overhead lifting Insert Status only) Yes No Work Status  Return to work full duty effective: 1000 No Overhead lifting Insert Status only Yes No Work Status  Return to work full duty effective: 1000 No
Case Mgr/Other: CAROLINA SHELL  Phone: 973-940-1851 Ext: 239  Email: CSHELLERISKSOLUTIONS.COM  Diagnosis: A.M. Spring  ICD-10: Work Status  Unable to work effective: Return to work full duty effective: No  Work Status  Unable to work with modifications:  Restrictions include: No Climbing No Kneeling No Squatting No Overhead lifting Maximum lift and push/pull of lbs with affected extremity  NWB TTWB PWB FWB No use of: Other:  Able to drive at work: Yes No Estimated MMI:  Able to drive outside of work: Y/N  Treatment Play  All MRI Arthrogram CT Scan  Injection EMG/NCS Brace Splint CAM Walker  HEP/Theretands  Other Start Date:  Pain Score prior to narcotic initiation: (0-10) Pain Score after Narcotic initiation (0-10)  Referral to pain management:  Follow up appointment: A
Email: CSHELL@RISKSOLUTIONS.COM  Diagnosis: A. M. Francisco  ICD-10: Conc. A. M. Mork Status  Unable to work effective: Return to work full duty effective: No Climbing No Kneeling No Squatting No Overhead lifting Maximum lift and push/pull of lbs with affected extremity NWB TTWB PWB FWB No use of: Other:  Able to drive at work: Yes No Estimated MMI:  Able to drive outside of work: Y/N  Treatment Play  Physical Therapy: x/wk wk MRI/MRI Arthrogram CT Scan  Injection EMG/NCS Brace Splint CAM Walker  HEP/Therapands Consults  Other  Medications  Narcotic prescribed: Start Date:  Pain Score prior to narcotic initiation: (0-10) Pain Score after Narcotic initiation (0-10).  Referral to pain management:
Diagnosis: A.M. France   Causality: (first visit only)   Yes No   Work Status    Unable to work effective: Return to work full duty effective:   DIALLY    Return to work with modifications: Restrictions include: No Climbing No Kneeling No Squatting No Overhead lifting Maximum lift and push/pull of lbs with affected extremity    NWB TTWB PWB FWB No use of: Other:    Able to drive at work: Yes No Estimated MMI:    Able to drive outside of work: Y/N   Treatment Plax   A.M. M.P.    Physical Therapy: x/wk wk   MRI/MRI Arthrogram   CT Scan    Injection   EMG/NCS   Brace   Splint   CAM Walker    HEP/Theratands   Consults    Other   Start Date:    Pain Score prior to narcotic initiation: (0-10)   Pain Score after Narcotic initiation (0-10)    Referral to pain management:    Follow up appointment:   A.M. M.P.    Follow up appointment:   A.M. M.P.    Causality: (first visit only)   Yes No   No    Return to work full duty effective:   John Squatting   No Overhead lifting    No Overhead lifting   No Overhead lifting   No Overhead lifting    Return to work full duty effective:   John Squatting   No Overhead lifting    No Overhead lifting   No Squatting   No Overhead lifting    No Overhead lifting   No Climbing   No Climbing   No Overhead lifting    No Overhead lifting   No Climbing   No Climbing   No Consults    Other:   Can Malker   Can Malker    Medications   Start Date:   Pain Score after Narcotic initiation (0-10)    Referral to pain management:   Can Malker    Follow up appointment:   A.M. M.P.    No   Treatment Plax   A.M. M.P.    Causality: (first visit only)   Yes   No    Return to work full duty effective:   John Score    Causality: (first visit only)   Yes   No    Return to work full duty effective:   John Score    Causality: (first visit only)   Yes    No   A.M. M.P.    Causality: (first visit only)   Yes    No   A.M. M.P.    Causality: (first visit only)    No   Other   A.M. M.P.    Causality: (first visit only)    No   Other   A.M. M.P.    Causality: (first visit only)    No   Other   A.M. M.P.    Causality: (f
Causality: (first visit only) Yes No Work Status  Unable to work effective: Return to work full duty effective: Status Return to work with modifications:  Restrictions include: No Climbing No Kneeling No Squatting No Overhead lifting Maximum lift and push/pull of lbs with affected extremity NWB TTWB PWB FWB No use of: Other:  Able to drive at work: Yes No Estimated MMI: Able to drive outside of work: Y/N  Treatment Plax A M MC  Physical Therapy: x/wk wk GRI/MRI Arthrogram CT Scan  Injection EMG/NCS Brace Splint CAM Walker  HEP/Therapands Consults  Other  Medications  Narcotic prescribed: Start Date:  Pain Score prior to narcotic initiation: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Follow un appointment: (0-10) Pain Score after Narcotic initiation (0-10) Pain Score after Nar
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Restrictions include:   Restrictions include:   No Climbing   No Kneeling   No Squatting   No Overhead lifting   Maximum lift and push/pull of     lbs with affected extremity   NWB TTWB PWB FWB No use of:    Other:     Able to drive at work: Yes   No   Estimated MMI:     Able to drive outside of work: Y/N     Treatment Plan
Restrictions include:
Maximum lift and push/pull of lbs with affected extremity  NWB TTWB PWB FWB No use of: Other:  Able to drive at work: Yes No Estimated MMI: Able to drive outside of work: Y/N  Treatment Play
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Able to drive at work: Yes No Estimated MMI:  Able to drive outside of work: Y/N  Treatment Plan
Physical Therapy:x/wk
Physical Therapy:x/wkwk
Injection   EMG/NCS   Brace   Splint   CAM Walker
Narcotic prescribed:  Pain Score prior to narcotic initiation: (0-10)  Referral to pain management:  Follow up appointment:
Narcotic prescribed: Start Date:  Pain Score prior to narcotic initiation: (0-10) Pain Score after Narcotic initiation (0-10)  Referral to pain management:
Narcotic prescribed: Start Date:  Pain Score prior to narcotic initiation: (0-10) Pain Score after Narcotic initiation (0-10)  Referral to pain management:
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Referral to pain management:
Follow up appointment:
Follow up appointment:
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TCO Case Manager: Ext:
Ext:
Orthopedic Surgeon

Shoulder, Knee, Foot & Ankle Surgery



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## David Epstein M.D.

PO BOX 1446, Morristown, NJ 07962-1446 Main: 973-538-2334 Billing: 973-538-032 197 Ridgedale Ave, 3rd floor 1590 Route 206 757 Route 15 Cedar Knolls, NJ 07927 Bedminster, NJ 07921 Lake Hopatcong, NJ 07849 Fax: 973-267-6882 (Sport) Fax:908-234-2022 Fax 973-538-4081 (Joint) **CONSULTS & STUDIES PRESCRIPTION:** Patient Name: Monica Ramos Date: 10-19-2022 Diagnosis: ☐ Right ☐ Left ☐ Bilateral S92.002SUnspecified fracture of left calcaneus, sequela Consults: Please evaluate patient regarding above: ☐ Internal Medicine ☐ Neurology ☐ Pain Management ☐ Rheumatology □PM&R ☐ Vascular Medicine/Surgery Studies: ☐ X-Rav: ☐ Right ☐ Left ☐ Bilateral ☐ Weight Bearing \_\_\_\_\_ MRI: ☐ Right ☑ Left ☐ Bilateral \_\_\_\_\_\_ L Ankle MRI ☐ CT Scan: ☐ Right ☐ Left ☐ Bilateral \_\_\_\_ ☐ Ultrasound/Doppler: ☐ Right ☐ Left ☐ Bilateral ☐ Venous ☐ Arterial ☐ Upper Extremity ☐ Lower Extremity ☐ Right ☐ Left ☐ Bilateral ☐ Upper Extremity ☐ Lower Extremity ☐ EMG/NCV: ☐ Bone Scan: ☐ Right ☐ Left ☐ Bilateral ☐ Three-Phase ☐ Indium WBC Laboratory Testing: Chemistry/Hematology/Microbiology: ☐ Stat ☐ SMA-7 ☐ ESR □RF ☐ T3/FT4/TSH C&S ☐ Gram Stain ☐ SMA-20 ☐ CRP ☐ B12/Folate ☐ Aerobic ☐ Fungus KOH Stain ☐ CBC ☐ Lyme Titers ☐ Joint Fluid ☐ Cell Count ☐ Mycobacterium □ua Anaerobic ☐ w/ Diff Micro ☐ RPR ☐ PT/PTT/INR ☐ Uric Acid ☐ Protein/Glucose ☐ SARS - CoV-2 RNA Detection (pre-procedure) ☐ TzanckSmear ☐ HLA-B27 ☐ Crystals Other: Physician's Signature: Electronically signed by: David Epstein M.D. Date: 10/19/2022 - 1:36 PM (I have medically prescribed the above treatment) David M. Epstein, MD Zachary Murray, PA-C Sports Medicine & Orthopedic Surgery,

Orthopedic Physician Assistant



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Oct 19, 2022	
Patient Name: Mor	nica Ramos
The above named	patient has been under my care for an orthopedic problem.
	intment today
☐ Work guidelii	nes:
	□ No Work:
	☐ Return to Full Duty: 10/19/22
	☐ Light Duty:
Limitations: _	
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If there are any qu	estions, please feel free to contact our office.
Sincerely,	
Physician Name: D	David Epstein M.D.