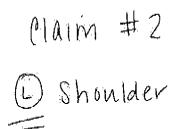
TRI-COUNTY ORTHOPEDICS

World Class Think Homestein Chesis.

197 Ridgedale Avenue, Suite 300 Cedar Knolls, NJ 07927

Phone: 973-538-2334



Exam Date: 3/29/24.	Office Date of Injury: 03	<u>Visit Sum</u> 3/12/2024	i mary I Physician: DAVID	KLEIN,	MD
Patient: JAMES VITOLLO			D&H	_	WC087340
Adjustor: CAROLINA SHEI	L		Phone: 973-940	-1851	Ext:239
Email: <u>CSHELL@RISKSOL</u>	UTIONS.COM			Fax:	973-940-1852
Case Mgr/Other:			Phone:		Ĕxt:
Email:			Fax:		
Diagnosis: (1) Should	cutt tear				
ICD-10:	(Causality:	(first visit only) Yes	š	No
	<u>w</u>	ork Statu	<u>.</u>		
Unable to work effective:		Return to	work full duty effec	tive:	
Return to work with modifie	ations:				
Restrictions include:	n No Climbing	□ No Knee	ling 🗆 No Squatting	g 🗆 No	Overhead lifting
Maximum lift and pu	sh/pull of	lbs with	h affected extremity		
NWB TTWB PWB F	WB No use of: _		Other :		
Able to drive at work: Able to drive outside of worl				kamalaçı — — — — — — — — — — — — — — — — — — —	
	Tre	atment Pl	an.		
Physical Therapy:x	/wkwk	A i	MRI/MRI Arthrogran	1 {	n CT Scan
⊖ Injection ⊖ EM	G/NCS =	Brace	🗆 Splint	□ CAI	M Walker
□ HEP/Therabands □ Other		□ Consu	ılts		
	M	<u>edication</u>	<u>s</u>		
Narcotic prescribed:		St	art Date:		
Pain Score prior to narcotic	initiation: (0-10)	Pain Sc	ore after Narcotic ini	tiation (0-10)
Referral to pain managemen	1				
Follow up appointment:	RC MK	(ā)_	AM/PM MI	MI;	Yes 🗀 No
TCO Case Manager:				Ext	



World-Class Team. Hometown Choice, PO BOX 1446, Morristown, NJ 07962-1446 (973) 538-2334

Mar 29, 2024		
Patient Name: James M Vitollo		
The above named patient has been uproblem/pain management.	under my car	e for an orthopedic
Date Work guidelines:		
☐ No Work as of		
☐ Continue Full Duty as of _		
☐ Return to Full Duty as of _		
	03/29/24	with the following Limitations:
no fighting fires until fo	ollow up	
If there are any questions, please fee	el free to cont	tact our office.
Physician Name: David S. Klein D.O.		



World-Class Team. Hometown Choice.

PO BOX 1446, Morristown, NJ 07962-1446 Main: 973-538-2334 Billing: 973-538-0329

☐ 197 Ridgedale Ave Cedar Knolls, NJ 0 Fax: 973-267-6882 Fax 973-538-4081	07927 Bedminster, NJ (Sport) Fax:908-234-2	07921 Bridgewater Townsl	nip, NJ 08807	☐ 757 Route 15 Lake Hopatcong, NJ 07849
	M	RI ORDER		
Date:	03/29/2024			
Patient:	James M Vitollo 148 Mountainview Road Warren, NJ 07059 (908) 580-1246			
DOB:	11/01/1980 43 year		Gender: Male	
Ordering Provider: NPI #:	David S. Klein D.O. 1598006926			
Test(s) Ordered:	Shoulder - MRI w/o contr	rast - Left		
Diagnosis:	M25.512 Pain in left should	d e r		
Note/Instructions:				
Signature:		David S. Klein D.O.		

Please Give patient copy of disc.

Follow up instructions after MRI:

Please make a follow up appointment with the doctor within 3-7 days after you have your MRI to review the results and allow for the clinical correlation of the study. Allow at least 3 days for the report to be completed which will be required for appropriate interpretation. It is imperative that you bring the CD or films to the appointment.