

**TRI-COUNTY
ORTHOPEDICS**

World Class Tools. Homeowners Choice.

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

Office Visit Summary

Exam Date: 11/28/23 Date of Injury: 11/14/2023 Physician: ROBERT D'AGOSTINI, MD

Patient: SANDRA SHRUBY

Carrier: D&H

Clin#: MT086023

Adjustor: LUCIA WINTER

Phone: 201-841-9166 Ext:

Email: LWINTER@RISKSOLUTIONS.COM

Fax: 973-940-1852

Case Mgr/Other:

Phone:

Ext:

Email:

Fax:

Diagnosis: MCL sprain Rt

ICD-10:

Causality: (first visit only) Yes ☒ No ☐

Work Status

Unable to work effective: _____ Return to work full duty effective: ☒

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: 4-8 w

Able to drive outside of work: Y/N

Treatment Plan

Physical Therapy: 3 x/wk 4 wk ☐ MRI/MRI Arthrogram ☐ CT Scan

☐ Injection ☐ EMG/NCS ☐ Brace ☐ Splint ☐ CAM Walker

☐ HEP/Therabands ☐ Consults _____

☐ Other _____

Medications

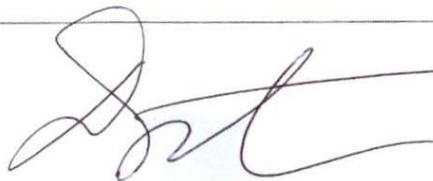
Narcotic prescribed: _____ Start Date: _____

Pain Score prior to narcotic initiation: (0-10) _____ Pain Score after Narcotic initiation (0-10) _____

Referral to pain management: _____

Follow up appointment: 1/2 @ 11:45 (AM/PM) MMI: ☐ Yes ☒ No

TCO Case Manager: _____ Ext: _____



Orthopedic Surgeon

TRI-COUNTY ORTHOPEDICS

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

Nov 28, 2023

Patient Name: Sandra J Shrubby

The above named patient has been under my care for an orthopedic problem/pain management.

☒ Had an appointment/procedure **11/28/2023**

☒ Work guidelines:

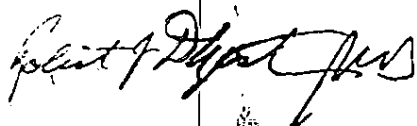
☐ No Work as of _____

☐ Continue Full Duty as of _____

☒ Return to Full Duty as of **11/28/2023**

☐ Modified/Light Duty as of _____ with the following Limitations:

If there are any questions, please feel free to contact our office.



Physician Name: Robert J. D'Agostini Jr. MD

State of New Jersey
PRESCRIPTION BLANK

TRI-COUNTY ORTHOPEDICS
ROBERT J. D'AGOSTINI JR., M.D.
ORTHOPAEDIC SURGERY
1590 ROUTE 206
BEDMINSTER, NJ 07921
973-538-2334 • FAX: 908-234-2022
NPI#: 1407880115

LICENSE # 25MA04611100 DEA # AD3221594

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT

Louise Shubert

D.O.B.

ADDRESS

DATE

11/24/2



*Dx - xprisa mcl
grade 1*

*PT 3x/w x 4w
oral + heat*



RXIL50723000221

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE OF PRESCRIBER

REFILL TIMES

[Signature] *[Signature]*

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

State of New Jersey
PRESCRIPTION BLANK

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PATIENT

Sandra Blundy

D.O.B.

ADDRESS

DATE

11/28



*celebrex 200mg
#60*

1 po BID PRN



RXIL50723000222

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[Handwritten signature]

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