

Patient Treatment Form

Initial Evaluation Information

Job/position Title	Post-Accident DS (Circle) Y or N <u>N</u>	SSN <u>000-06-2352</u>	DOB <u>4/12/70</u>	Age <u>52</u>	Sex <u>M</u>
Past Medical History <u>HTN</u>	Last Tetanus: (Circle) <5 years >5 years	T <u>55</u>	P <u>55</u>	R <u>72"</u>	Wt. <u>288 lbs</u>

Current Visit Information

Drug Allergies: <u>NKA</u>	Post Acc DS? Y / N	BP <u>130/84</u>	Patient's Statement: <u>back injury follow-up 7/10, patient states some improvement</u>
Current Meds: <u>he meds Amlodipine</u>		LMP	Nurse's Signature: <u>m.alejo</u>

Physician's Notes (Continue on Back)

- ⑤ Phn now slip & PT sessions. On no meds today to see how he would feel. Taky Motrin OTC 600 total BID-TID & Naproxyn 220 3 tabs BID-TID (for much!) & Flexal 10 BID. Pain today off meds 7.5/10 depends on activity. On meds pain is ~6.5-7.0. Ran out of Flexal (On order). Radicular numbness/tingle to knee (improved).
- ⑥ NAD
LS spine: ④ TTP mild to moderate across LS spine. No CEDT's. SLR's 90° bilat sitting; supine 50° bilat. Can heel & toe walk.

Treatment Plan (Include all procedures performed and supplies given)

☐ VIS received: _____
Patient's Initials

- Cont. PT 3x/week
- MRI LS spine - R/O HNP.
- Call PRN problems.

- ☐ Initial Evaluation
☒ Follow-up Visit
☐ Other: _____

PATIENT STATUS REPORT
IRONBOUND MEDICAL SERVICES
221 Chestnut Street, Newark NJ 07105
Phone: 973 878-3990 Fax: 973 878-3991

TBCC: _____
Drug Screen Done? ☐ yes ☐ No
Further Testing? ☐ yes ☐ No

• Patient's Name James Jr., Nathaniel Date of Visit: 4/17/23 Injury Date/Time: 8/10/23
• Employer: P.V.S.C. Tel No.: _____ Light Duty Avail. (circle) Always yes No Pls Call
• Insurance Company: D and H Appointments: (circle) On/Off work hours

DIAGNOSIS

LS pain - 2 confusion vs. strain vs. HNP

TREATMENT (Circle) Ace BurnTray Cane Crutches Exam EyeTray
Dressing DTshot ForeignBodyRemoval LumbarSupport Morgan Lens NailCautery
NS Irrigation Prescription Splint SteriStrips SurgicalTray SutureRemovalSet
Sutures Toradol60mgShot TubeGauzeDressing VisionTest X-ray Others:

WORK STATUS

- ☒ Out of work 2nd no light duty
☐ Return to full duty on ____/____/____ without restrictions
☐ Pending Inrtk ☐ Pending Drug Screen
☐ Return to light duty on ____/____/____

with the following restrictions:

- ____ No lifting/carrying over ____ lbs.
- ____ No pushing/pulling over ____ lbs.
- ____ No bending/stooping
- ____ No climbing/kneeling
- ____ No reaching overhead
- ____ No driving
- ____ No use of LEFT/RIGHT ____
- ____ Alternate sitting/standing
- ____ Other: _____

Patient time in

11:18

[Signature]
Patient's Signature

APPOINTMENTS

- ☐ Discharged
☒ Return to IMS on 4/17/23 @ 11:00 a.m./p.m.
(If patient fails to return within 48hrs. of appointment they are automatically discharged on full duty unless a valid excuse is produced.)

Patient's Initials [Signature]

REFERRALS

- ☐ Physical Therapy 3X per week thru _____
☒ Tests: MRI LS spine
☐ Specialist: _____

Dr.: _____

Telephone: _____

Appointment: Date: ____/____/____

Time: _____

Patient time out

3:18

Has Patient reached MMI Yes ____ No ____

[Signature]
Physician's Signature

State of New Jersey
PRESCRIPTION BLANK

IRONBOUND MEDICAL SERVICES, LLC
ROBERT MUSTILLO, M.D.
INTERNAL MEDICINE
221 CHESTNUT STREET
NEWARK, NJ 07105
973-878-3990 FAX: 973-878-3991
NPI # 1649470295

LICENSE # 25MA05378200 DEA # BM4175279

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

PATIENT Nathaniel James D.O.B. _____
ADDRESS _____ DATE 4/7/23



MRI LS spine - R/O HNP

Dx: LS contusion/strain
E bilat leg paresthesia



SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL in
REFILL _____ TIMES

SIGNATURE OF PRESCRIBER

R. Mustillo

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