

Claim Number:

Work Activity Status Report

Patient: Roberto Puntiel Last 4 Digits of SSN: xxx-xx-4368 Date of Birth: 03/13/1984
Address: 603 Charles st PERTH AMBOY NJ 08861 Employer Location: City of Perth Amboy-DPW Contact: Maria Rivera
Home: +17335109699 Address: 260 High St Perth Amboy, NJ 08861-4451 Role: Additional Injury Contact
Work: Authorized by: Phone: +17327712508 Fax: 0-0-0000

THIS VISIT Visit Type: Medical Initial Time In: 12:50:00 PM Time Out: 03:45:43 PM
Treating Clinician: Shanthi Reddy, M.D.

Diagnoses:

Strain of right knee (S86.911A)

Medications:

- ☒ Dispensed prescription medication
☐ Dispensed over-the-counter medication
☐ Medication(s) prescribed

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 3days

Work Status:

Off rest of shift- return to modified activity on: 6/29/23

Activity Prescription:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day

	Should be sitting 90 % of the time No climbing stairs
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Based on the Department of Labor definitions

NEXT VISIT(S)

Visit Date and Time:

07/05/2023 10:00 AM

Visit Type:

Medical	Therapy	Specialist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Clinician:

Shanthi Reddy, MD

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

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EMPLOYER SOLUTIONS NATIONAL CLINICAL ACCOUNT
SPECIMENS MUST BE TESTED IN A QLS LABORATORY

Originated From:
Concentra Enterprise
7272 Edison Ethel Road

Performing Facility:
Referral - GE



Lab Requisition #: 107671026

16 Ethel Road
Edison, NJ 08817
(732) 248-0088

Account #:

Patient: Roberto Puntiel
603 Charles st
PERTH AMBOY, NJ 08861

Patient ID: 118001580

Sex: M

DOB: 13-Mar-1984

Other #:

Other2 #: (733) 510-9699

Home: (733) 510-9699

Work:

PCP:

OP : Shanthi Reddy, M.D. - [REDSHA]

NPI: 1194047860

Appt. Location: 37272 Edison Ethel Road

Bill Type: C

» - [Physical Therapy Referral] - [C501582]

Order #: TW2319204120

Date Ordered
28-Jun-2023

Approving Provider
Shanthi Reddy [NPI:1194047860]

CPT4 Code

Patient Instructions

Electronic Signature

To Be Done Date
28 Jun 2023

Priority
Routine

Status
Complete

Performing Location Comments

Encounter Date
28-Jun-2023

Collected Date/Time

Prompts

Therapy Order	Evaluate and Treat
Duration	2 weeks
Frequency	3 x week
PT Necessary	PT is medically necessary to address objective impairment/functional loss and to expedite return to full activity
Body Part 1	Knee

Lab Ref #: 107671026

Patient Name: Puntiel, Roberto

MRN: 118001580

Laterality 1

Right

Problems

Strain of right knee (844.9)(S86.911A)