

Risk Management & Third Party Administration
WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

April 1, 2024

TO DOCTOR: DR. GALLICK
P.T. FACILITY

PHONE:

FAX:

PLEASE NOTE: OUR COMPANY REPRESENTS THIS PATIENT'S EMPLOYER
AND WORKERS' COMPENSATION INSURANCE CARRIER IN THIS MATTER

RETURN TO: CLAIM ADJUSTER (PAYOR): CAROLINA SHELL

EMPLOYER: PASSAIC VALLEY SEWERAGE COMMISSION
PATIENT: DARREN GINNOTTI
DATE OF LOSS: 03/20/2024
CLAIM #: PVS087383
WORK INJURY: RIGHT KNEE

 X PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: X EVALUATION/TREATMENT/X-RAYS

 X AFTER YOU HAVE HAD AN OPPORTUNITY TO EXAMINE THE PATIENT, PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED

 THIS PATIENT HAD AN APPOINTMENT WITH YOU ON //. PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED.

 OTHER:

1. CURRENT DIAGNOSIS: TEAR LATERAL MENISCUS RIGHT KNEE
2. TREATMENT PLAN: physical therapy + 2 wks
3. NEXT APPOINTMENT: 2 wks MML DATE: 4/17/24
4. PHYSICAL CAPACITY: Light Duty x (2) two weeks TOTAL BED REST SEDENTARY ONLY
 NO LIFTING LIFTING UP TO LBS.
 NO DRIVING NO CLIMBING
 OTHER: no repetitive work, no bending/stooping/squatting/kneeling
Hallgren
DOCTORS SIGNATURE 4-3-24
DATE

 X THERAPY - RX FROM REFERRING DOCTOR IS ENCLOSED - PLEASE FORWARD P.T. NOTES TO D&H AS WELL AS REFERRING PHYSICIAN

THIS REQUESTED INFORMATION IS NEEDED IN ORDER FOR ME TO PROPERLY HANDLE THIS WORKERS' COMPENSATION CLAIM AND IS REQUIRED IN ORDER FOR US TO ISSUE PAYMENTS OF YOUR MEDICAL INVOICES. SHOULD YOU HAVE ANY QUESTIONS PLEASE CALL ME AT THE NUMBER BELOW.

PLEASE SEND BILLS AND RECORDS TO THE ADDRESS BELOW.

- X-Ray R knee taken at office today.
- MRI results and imaging reviewed and discussed w/ patient today.

GREGORY S. GALLICK, MD
2780 MORRIS AVE. 2C
UNION, NJ 07083-4848

April 3, 2024

Patient: Darren Ginnotti DOB: 08/25/1981
18 Haven Ave
Totowa, NJ 07512

89542

PHYSICAL THERAPY PRESCRIPTION (KOPA)

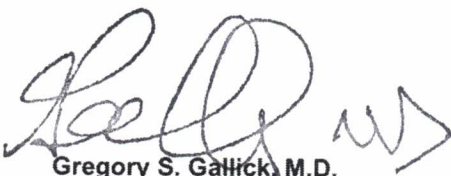
DX: TORN LATERAL MENISCUS RIGHT KNEE

ROM, ice, quad(leg extensions), hamstring sets, ultrasound and electric stim.,

For: 3 times per week for 2 weeks.

PLEASE SEND PROGRESS NOTES WITH PATIENT FOR THEIR NEXT APPOINTMENT

DO NOT FAX PROGRESS NOTES TO OUR OFFICE

A handwritten signature in black ink, appearing to read 'Gregory S. Gallick', followed by a stylized flourish or mark.

Gregory S. Gallick, M.D.
Tax I.D. # 22-2677509
Phone #: 908-686-6665