



Multi-Service Orthopedic Center

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

Office Visit Summary

Exam Date: 8/14/24 Date of Injury: 01/11/2024 Physician: DAVID EPSTEIN, MD

Patient: JASON GREER

Carrier: D&H

Clm#: PLB086628

Adjustor: CAROLINA SHELL

Phone: 973-940-1851 Ext: 239

Email: CSHELL@RISKSOLUTIONS.COM

Fax: 973-940-1852

Case Mgr/Other:

Phone:

Ext:

Email:

Fax:

Diagnosis: (2) L2/L3 nerve root
tear

ICD-10:

Causality: (first visit only) Yes X No

Work Status

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

Return to work with modifications: 8/14/24

Restrictions include: ☒ No Climbing ☐ No Kneeling ☐ No Squatting ☒ No Overhead lifting

Maximum lift and push/pull of 0 lbs with affected extremity

NWB TTWB PWB FWB No use of: Other:

Able to drive at work: Yes No Estimated MMI:

Able to drive outside of work: Y/N

Treatment Plan

Physical Therapy: x/wk 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: @ AM/PM MMI: ☐ Yes ☐ No

TCO Case Manager: Ext:

David Epstein
Orthopedic Surgeon

TRI-COUNTY ORTHOPEDICS

World-Class Team. Hometown Choice.

David Epstein M.D.

PO BOX 1445, Morristown, NJ 07962-1446 Main: 973-538-2334 Billing: 973-538-032

☒ 197 Ridgedale Ave, 3rd floor

☐ 1590 Route 206

☐ 757 Route 15

Cedar Knolls, NJ 07927

Bedminster, NJ 07921

Lake Hopatcong, NJ 07849

Fax: 973-267-6882 (Sport)

Fax: 908-234-2022

Fax 973-538-4081 (Joint)

CONSULTS & STUDIES PRESCRIPTION:

Patient Name: Jason Greer

Date: 8-14-2024

Diagnosis: ☒ Right ☐ Left ☐ Bilateral

S46.011A Strain of musc/tend the rotator cuff of right shoulder, init

Consults: Please evaluate patient regarding above:

☐ Internal Medicine

☐ Neurology

☐ Pain Management

☐ Rheumatology

☐ PM & R

☐ Vascular Medicine/Surgery

Studies:

☐ X-Ray: ☐ Right ☐ Left ☐ Bilateral ☐ Weight Bearing

☒ MRI: ☒ Right ☐ Left ☐ Bilateral Right shoulder MRI

☐ CT Scan: ☐ Right ☐ Left ☐ Bilateral

☐ Ultrasound/Doppler: ☐ Right ☐ Left ☐ Bilateral ☐ Venous ☐ Arterial ☐ Upper Extremity ☐ Lower Extremity

☐ EMG/NCV: ☐ Right ☐ Left ☐ Bilateral ☐ Upper Extremity ☐ Lower Extremity

☐ Bone Scan: ☐ Right ☐ Left ☐ Bilateral ☐ Three-Phase ☐ Indium WBC

Laboratory Testing:

Chemistry/Hematology/Microbiology: ☐ Stat

☐ SMA-7

☐ ESR

☐ RF

☐ T3/FT4/TSH

☐ C&S

☐ Gram Stain

☐ SMA-20

☐ CRP

☐ ANA

☐ B12/Folate

☐ Aerobic

☐ Fungus KOH Stain

☐ CBC

☐ UA

☐ Lyme Titers

☐ Joint Fluid

☐ Anaerobic

☐ w/ Diff Micro

☐ RPR

☐ Cell Count

☐ Mycobacterium

☐ PT/PTT/INR

☐ Uric Acid

☐ Protein/Glucose

☐ SARS - CoV-2 RNA Detection (pre-procedure)

☐ Tzanck Smear

☐ HLA-B27

☐ Crystals

☐ Other: _____

Physician's Signature: _____

(I have medically prescribed the above treatment)

David M. Epstein, MD

Sports Medicine & Orthopedic Surgery,
Shoulder, Knee, Foot & Ankle Surgery

Zachary Murray, PA-C

Orthopedic Physician Assistant



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

Aug 14, 2024

Patient Name: Jason Greer

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

☒ Had an appointment today 8/14/24

☒ Work guidelines: return with limitations effective 8/14/24

☐ No Work: _____

☐ Return to Full Duty: _____

☐ Light Duty: _____

☒ Limitations: no climbing, no overhead lifting, maximum lift push/pull of 5 lbs.

Follow up after MRI is complete.

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

Sincerely,

A handwritten signature in black ink, appearing to read "David Epstein", is written over a horizontal line.

Physician Name: David Epstein M.D.