



A DIVISION OF ORTHO NJ

Phone: 732-800-9000

WORKERS' COMPENSATION QUICK NOTE

Name: Thomas, Emerson

Claim #: GSCR083521

Adj/Case Mgr: Kristen Wilkinson

Fax: 973-940-1852

Physician: ANTHONY PETROSINI

Date of Eval: 7/11/23

Insurance Co.: D&H Alternative Risk Solutions

Date of Injury: 03/01/2023

Employer: CITY OF RAHWAY

Adj. E-mail: Kwikinson@risksolutions.com

Phone: 973-940-1851 ext 1852

Diagnosis:

Is injury causally related to the above injury? ☒ Yes ☐ No Has Patient reached MMI? ☐ Yes ☒ No
WORK STATUS:

☒ OUT OF WORK

☐ RETURN TO WORK FULL DUTY

☐ RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS:

- ☐ Sedentary work (primarily sitting)
- ☐ No lift/carry/push/pull over lbs with arm(s)
- ☐ No standing/walking over hours per work shift
- ☐ No sitting over hours.
- ☐ No use of arm(s) above shoulder level
- ☐ No use of upper extremity
- ☐ No repetitive/prolonged bending or stooping times per hour
- ☐ No repetitive/prolonged kneeling, squatting or climbing times per hour

Able to operate: (please check as appropriate)

	Never	Occasionally	Frequently	No Restriction
Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic Transmission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments:

RECOMMENDATIONS: ☐ PT ☐ MRI ☐ EMG ☐ CT SCAN ☐ Home Exercise ☐ Surgery

Surgery:

Consult:

Medications Prescribed:

Next Appt in our office Tuesday, August 8, 2023 at 9:20 AM EDISON

Electronically Signed: ANTHONY PETROSINI
Date: 07/11/2023

STATUS / PROGRESS REPORT OF ILLNESS / INJURY

Thomas, Emerson
 Name: Home: ☐ Preferred Contact Method Weight: male
 10/24/1972
 DOB: Mobile: ☐ Preferred Contact Method Sex:
 Address:

WORK STATUS:

- ☒ **OUT OF WORK**
☐ **RETURN TO WORK FULL DUTY**
☐ **RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS**

- ☐ Sedentary work (primarily sitting)
☐ No lift/carry/push/pull over - lbs with Left ☐ Right ☐ arm(s)
☐ No standing/walking over hours per work shift
☐ No sitting over hours.
☐ No use of arm(s) above shoulder level
☐ No use of upper extremity
☐ No repetitive/prolonged bending or stooping times per hour
☐ No repetitive/prolonged kneeling, squatting or climbing times per hour

Able to operate: (please check as appropriate)

	Never	Occasionally	Frequently	No Restriction
Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Truck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic Transmission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physician Comments:

Next Appt in our office: Tuesday, August 8, 2023 at 9:20 AM EDISON

Electronically signed by: ANTHONY PETROSINI
 Date: 07/11/2023 Time:

Orders - July 11, 2023

PMS ID: Sex: DOB: Phone: MRN:
113646PAT000018049 Male 10/24/1972 (908) 463-6932 79549

PATIENT INFORMATION				GUARANTOR INFORMATION		
LAST NAME Thomas		FIRST NAME Emerson		M.I. H	LAST NAME Thomas	
SSN XXX-XX-1162		DATE OF BIRTH 10/24/1972	SEX Male	MRN 79549	RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 916 Bachelor Avenue					STREET ADDRESS 916 Bachelor Avenue	
STREET ADDRESS CONTD.					STREET ADDRESS CONTD.	
CITY Linden		STATE NJ	ZIP CODE 07036		CITY Linden	
HOME PHONE 9084636932		CELL PHONE 9084636932	EMPLOYER NAME		HOME PHONE 9084636932	
					WORK PHONE 7328272159	
PRIMARY BILLING / INSURANCE INFORMATION						
SUBSCRIBER NAME		RELATIONSHIP Employer		SUB. DOB	COMPANY NAME Dietz & Hammer Alternative Risk Solutions	GRP/CONTRACT #
					MEMBER ID # GSCR083521	
STREET ADDRESS PO Box 68					STREET ADDRESS CONTD.	
CITY Newton		STATE NJ	ZIP CODE 078600068		EMPLOYER NAME City of Rahway	
DIAGNOSES						
Diagnosis	ICD Code	Description				
1	Z47.89	Encounter for other orthopedic aftercare				
PT/OT Rx						
<p>Physical and/or Occupational Therapy Prescription</p> <p>Indication: Post-op Shoulder Mumford, Right - s/p R mumford procedure - Z47.89</p> <p>Instructions: evaluate and treat per diagnosis/objective exam</p> <p>Recommend frequency of 3 times per week for 4 weeks.</p> <ul style="list-style-type: none"> - Therapeutic Exercises: All exercises prn per therapist. - Manual Therapy: All manual therapy prn per therapist. - Modalities: All modalities prn per therapist. All modalities prn per therapist. <p>Additional Treatment Instructions: AROM, prom, rtc and periscap pre with t band HEP</p> <p>Provider: Anthony V Petrosini</p> <p>Priority: normal</p>						

Electronically Signed By: Anthony V Petrosini, 07/11/2023 11:34 AM EDT