HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE
HAND SURGERY & REHABILITATION
OF NORTH JERSEY, P.C.

Roman Isaac, M.D.
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D&H
Attn: Carolina Shell
Fax: 973-940-1852

RE: ERNIE MARTINEZ
CLAIM: PVS074253

DATE: 10/17/2022

Dear Ms. Shell:

HISTORY OF PRESENT ILLNESS: Mr. Martinez is 35 days postop right total wrist fusion. He is doing well, here with new x-rays.

PHYSICAL EXAMINATION:
Right Wrist Exam: Cast is in good position. Neurovascularly intact.

DIAGNOSTIC STUDIES AND IMAGING: X-rays of the right wrist, AP, lateral and oblique, showed a well-aligned fusion site.

ASSESSMENT: Status post right wrist total fusion.

PLAN: The patient will continue with casting and follow up in two weeks for cast removal and new x-rays. He will continue with restrictions and no use of the right wrist. Follow up 10/31 at 9am.

Roman Isaac, M.D.

RI:mcr

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Date: 10/17/22

Ernie Martinez had an appointment in our office today.

Please allow the patient to return to: ____Full duty ✓Light duty, if available
✓Immediately or on date ____/____/_____

_____Left Extremity ✓Right Extremity _____Both Extremities

Please allow the patient to return to light duty, if available with the following restrictions:

✓No Use of the Hand/wrist /extremity

_____No lifting, gripping, or carrying greater than _____pounds

Other restrictions: _____Do not get wet
_____No driving
_____No Typing
_____No vibration tools
_____Brace at all Times

_____NO Restrictions

Next appointment: 2 weeks. _____ MMI

Comments:

Sincerely,

Roman Isaac M.D.

HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE

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☐ Call STAT Report ☐ Phone Report Please Provide Patient With: ☒ CD ☐ Film

Today's Date: 10 / 17 / 22 Date of Order: 10 / 17 / 22

Patient: Martinez, Ernie DOB: _____

Diagnosis ICD10 Code: _____ _____ _____ . _____ _____

History: _____

Special Instructions: RD wrist XRAY

GENERAL DIAGNOSTIC X-RAY

☐ Shoulder	*AP, Axillary, and Scapular Y*	☐L ☐R	☐ Hips	*Weight Bearing AP, Lateral and False Profile*	☐L ☐R
☐ Humerus	*AP and Lateral*	☐L ☐R	☐ Femur	*AP and Lateral*	☐L ☐R
☐ Elbow	*AP, Lateral, Internal & External Rotation*	☐L ☐R	☐ Knee	*Weight Bearing AP and Lateral, Sunrise Tunnel View*	☐L ☐R
☐ Forearm	*AP and Lateral*	☐L ☐R			
☒ Wrist	*AP, Lateral and Oblique*	☐L ☒R	☐ Tibia/Fibula	*AP and Lateral*	☐L ☐R
☐ Hand	*AP, Lateral and Oblique*	☐L ☐R	☐ Ankle	*AP, Lateral and Mortise*	☐L ☐R
			☐ Foot	*AP, Lateral and Oblique*	☐L ☐R

Spine & Pelvis
☐ Cervical ☐ 5 views ☐ 2 views ☐ Scoliosis Study
☐ Sacrum & Coccyx ☐ Lumbar ☐ 4 views ☐ 2 views
☐ Thoracic/Dorsal ☐ 2 views ☐ Pelvis

Other:
☐ Extremity (specify): ☐ L ☐ R
_____

CT 64 SLICE

☐ Head
☐ Extremity (specify): _____ ☐L ☐R
☐ Hip ☐ W/MAKOplasty ☐L ☐R
☐ Lumbosacral Spine
☐ Cervical Spine
☐ Thoracic Spine
☐ Knee ☐ W/MAKOplasty ☐L ☐R
☐ Foot ☐L ☐R
☐ Ankle ☐L ☐R
☐ Other (Specify) _____ ☐L ☐R

☐ W/O Contrast ☐ W/ & W/O Contrast

CT ARTHROGRAM

☐ CT Arthrogram of : _____ ☐L ☐R

MAGNETIC RESONANCE IMAGING (HIGH FIELD OPEN LIKE)

☐ Cervical Spine ☐ Shoulder ☐L ☐R ☐ Hand ☐L ☐R ☐ Ankle ☐L ☐R
☐ Thoracic Spine ☐ Knee ☐L ☐R ☐ Hip ☐L ☐R ☐ Wrist ☐L ☐R
☐ Lumbar Spine ☐ Foot ☐L ☐R ☐ Elbow ☐L ☐R ☐ Other (Specify) _____

☐ W/O Contrast ☐ W/ & W/O Contrast

MR ARTHROGRAM

☐ MR Arthrogram of : _____ ☐L ☐R

VASCULAR ULTRASOUND (VENOUS)

☐ Veneous Duplex ☐ Upper ☐ Lower ☐ Bilateral ☐ Unilateral ☐ Left ☐ Right

☐ **Imran Ashraf, MD** ☐ **Roman Isaac, MD** ☐ **Aleksey Lazarev, MD** ☐ **Thomas Azzolini, DPM** ☐ **Shital Sharma, DPM**

_____, **MD**

Referring Physician Signature