CMC-Edison Ethel Road 16 Ethel Road Edison, NJ 08817

Phone: +17322480088

Fax: 732-248-4408

Service Date: 06/28/2023 Case Date: 06/28/2023

Claim Number:

Work Activity Status Report

| Patient: Roberto Puntiel | Last 4 Digits of S | 5N: xxx-xx-4368 | Date of Birth: 03/13/1984 | | |
|---|--|---|--|--|--|
| Address: 603 Charles st | PERTH AMBOY NJ Employer Location | on: City of Perth Amboy-DPW | Contact: Maria Rivera | | |
| 08861 | Addre | ss: 260 High St Perth Amboy , NJ 08861 | Role: Additional Injury Contac | | |
| Home: +17335109699 | | 4451 | Phone: +17327712508 | | |
| Work: | Authorized I | by: | Fax: 0-0-0000 | | |
| THIS VISIT Visit | Type: Medical Initial | Time In: 12:50:00 PM | Time Out: 03:45:43 PM | | |
| | ician: Shanthi Reddy, M.D. | 12.00.00 1 14. | Time Gata 00.40.40 1 W | | |
| Diagnoses: | , | *** | | | |
| Strain of right knee (S86. | 911A) | Medications: ✓ Dispensed pre | escription medication | | |
| J , | , | Dispensed over-the-counter medication | | | |
| | | ☐ Medication(s) | prescribed | | |
| | | | | | |
| DATIENT CTATUS | | | | | |
| PATIENT STATUS | | | | | |
| Employer Notice: The prescrib informed that the activity presc | ed activity recommendations are suggested gi ription is expected to be followed at work and | uidelines to assist in the patient's treatment and i away from work. | rehabilitation. Your employee has been | | |
| Treatment Status: | | · | | | |
| Returning for follow-up | : 3davs | | | | |
| | • | | | | |
| | | | | | |
| | | | | | |
| Work Status: | | | | | |
| Off rest of shift- return | to modified activity on: 6/29/23 | | | | |
| | | | | | |
| | | | | | |
| Activity Prescription: | 2 has later to The manage the same to C has later to Co. | | | | |
| Key : Occasionally = up to | 3 hrs/day; Frequently = up to 6 hrs/day; Const | | | | |
| | | Should be sitting 90 % of the time No climbing stairs | | | |
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| | | | | | |
| Based on the Department of L. | | | | | |
| NEXT VISIT(S) | Visit Date and Time: | Visit Type: C Medical Therapy Specialist | Clinician: | | |
| Patient Notice: It is essential to your recovery that you keep you | | | Shanthi Reddy, MD | | |
| scheduled appointments, but should you need to reschedule o | or | | | | |
| ancel, please contact the clinic Thank you for your cooperation | • | | | | |
| | • | | | | |
| | | | | | |
| | | | | | |
| Nork Activity Status Report | ©Concentra, inc. • 20 | 19. All rights reserved. Confidential. Revised 070819. | Concentra Concentra | | |
| | | | | | |

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| Patient: | Roberto Puntiel | Last 4 Digits of SSN: | xxx-xx-4368 | ate of Birth: | 03/13/1984 |
|----------------------------------|--|---|---|------------------|--------------------------|
| Address: | 603 Charles st PERTH AMB | OY NJ Employer Location: | City of Perth Amboy-DPW | Contact: | Maria Rivera |
| | 08861 | Address: | 200 mgm St Fertil Alliboy , NJ 00001- | . Role: | Additional Injury Contac |
| | +17335109699 | | 4451 | Phone: | +17327712508 |
| Work: | | Authorized by: | | Fax: | 0-0-0000 |
| THIS VIS | IT Visit Type: Medica | l Initial | Time In: 12:50:00 PM | Time Out: | 03:45:43 PM |
| | Treating Clinician: Shanth | i Reddy, M.D. | | | |
| Diagnoses | | | Medications: | | |
| Strain of right knee (\$86.911A) | | ✓ Dispensed prescription medication ✓ Dispensed over-the-counter medication | | | |
| | | | Medication(s) | | neucation |
| | | | buried | | |
| | | | | | |
| PATIENT | STATUS | | | | |
| Employer I | Notice: The prescribed activity reconat the activity prescription is expec | mmendations are suggested guide | lines to assist in the patient's treatment and re | ahabilitation. ' | Your employee has been |
| | nent Status: | ted to be lottowed at work and awa | sy aom work. | | |
| | ning for follow-up: 3days | | | | |
| | g ap. caaye | | | | |
| | | | | | |
| Work S | ******* | | | | |
| | st of shift- return to modified a | etivity on: 6/29/23 | | | |
| 0 | or or ornic rotari to mouniou o | outly offi orzorzo | | | |
| | | | | | |
| Activity | / Prescription: | | | | |
| | | uently = up to 6 hrs/day; Constant | ly = up to 8 hours or greater per day | | |
| | | | Should be sitting 90 % of the time | | |
| | | | No climbing stairs | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| Based o | on the Department of Labor definitions | | | | |
| NEXT VIS | IT(S) V | isit Date and Time: | Visit Type: Cl | inician: | |
| Patient Not | ice: It is essential to | 7/05/2022 40:00 AM | Medical Therapy Specialist | L | Liv. MO |
| | ry that you keep your Uppointments, but | 7/05/2023 10:00 AM | | hanthi Red | ау, мо |
| | need to reschedule or se contact the clinic. | | | | |
| | or your cooperation. | | 금 금 금 | | |
| | | | 금 금 금 | | |
| | | | | | |
| | the States Barrant | ©Concentes Inc 9 2019 Al | Il rights reserved. Confidential, Revised 070819. | | C |
| work Activ | ity Status Report | e concentra, tite. 2019, At | angua reserved, commentant, nevised ordata, | | Concentra [·] |

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

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

Lab Requisition #: 107671026

Patient: Roberto Puntiel

603 Charles st

PERTH AMBOY, NJ 08861

Patient ID: 118001580 Sex: M

Order #:

TW2319204120

Performing Location Comments

DOB: 13-Mar-1984

Other #:

Other2 #:(733)510-9699 Home: (733) 510-9699

> Work: PCP:

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

1194047860 NPI:

Appt. Location: 37272 Edison Ethel Road

Bill Type: C

» - [Physical Therapy Referral] - [C501582]

Date Ordered Approving Provider

Shanthi Reddy [NPI:1194047860] 28-Jun-2023

CPT4 Code **Patient Instructions**

Electronic Signature

Priority Status 28 Jun 2023 Routine Complete

Encounter Date Collected Date/Time

28-Jun-2023

To Be Done Date

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 ~-----

Order Requisition Page 1 of 2

Patient Name: Puntiel, Roberto Lab Ref #: 107671026

MRN: 118001580

Laterality 1 Right

Problems

Strain of right knee (844.9)(\$86.911A)

Order Requisition Page 2 of 2