



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

March 1, 2023

TO DOCTOR: GREGORY GALLICK
DATE: MON. 3/6/23 @9:30AM
LOCATION: 2780 MORRIS AVE. Unionn

PHONE: 908-686-6665 FAX: 908-687-7507

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

RETURN TO : CLAIM ADJUSTER (PAYOR) : DOMINIQUE FORGIONE

EMPLOYER: PJF PER GEN GOVERNMENT
PATIENT: IVETTE RIOS
DATE OF LOSS: 01/23/2023 CLAIM #: PJWC082691
WORK INJURY: THORACIC

☒ X PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: ☒ X TREATMENT ☐ SURGERY ☐ MRI
☐ EMG ☐ OTHER

*****CITY OF PERTH AMBOY OFFERS LIGHT OR MODIFIED DUTY FOR THEIR
EMPLOYEES, DEPENDING ON RESTRICTIONS. THIS MUST BE CONSIDERED WHEN WORK
STATUS IS ADDRESSED*****


*****PLEASE SEND OVER QUICK NOTES IMMEDIATELY AFTER EACH APPOINTMENT.
PLEASE SEND DICTATION AS SOON AS IT IS AVAILABLE*****
ALL DIAGNOSTIC TESTING AND PHYSICAL THERAPY WILL BE ARRANGED BY THE
ADJUSTER.

THANK YOU~

- *****
1. CURRENT DIAGNOSIS: C7, C8 strain, strain Rht Ankle
2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY? ☒ YES ☐ NO IF NO PLEASE EXPLAIN:

3. TREATMENT PLAN: Physical Therapy for 2 wks. Lace up Ankle brace provided to pt today.
4. NEXT APPOINTMENT: 3/24/23 @ 1:30pm MMI DATE: _____
5. PHYSICAL CAPACITY: _____ TOTAL BED REST _____ SEDENTARY ONLY _____

☐ NO LIFTING ☐ LIFTING UP TO _____ LBS.
☐ NO DRIVING ☐ NO CLIMBING
☐ OTHER: _____


DOCTOR'S SIGNATURE

3-10-23
DATE

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.

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

March 10, 2023

Patient: Ivette Rios DOB: 08/25/1972
414 Paderewski Avenue
Perth Amboy, NJ 08861

84723

PHYSICAL THERAPY PRESCRIPTION (LS)

DX: LUMBOSACRAL/THORACIC STRAIN

Heat/ice, massage, mobilization, ultrasound, electric stim, traction, and abdominal/low back strengthening

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, M.D.', followed by a stylized flourish or mark.

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

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

March 10, 2023

Patient: Ivette Rios DOB: 08/25/1972
414 Paderewski Avenue
Perth Amboy, NJ 08861

84723

PHYSICAL THERAPY PRESCRIPTION (CS)

DX: CERVICAL/THORACIC STRAIN

Heat/ice, massage, mobilization, ultrasound, electric stim, traction, and strengthening

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 'Greg S. Gallick' followed by a stylized flourish.

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

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

March 10, 2023

Patient: Ivette Rios DOB: 08/25/1972
414 Paderewski Avenue
Perth Amboy, NJ 08861

84723

PHYSICAL THERAPY PRESCRIPTION (ALIG)

DX: STRAIN RIGHT ANKLE

Chronic lateral ligamentous laxity BAPS board protocol.

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 'Gallick' followed by a stylized flourish.

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