

F A X S H E E T

Date: Nov-28-2022 08:27:21
To: Montgomery, Angela
Subject: Patient Document
Fax Number: 973-940-1852
To Company:
From Name: Schanck, Kimberly L
From Company: O-Seaview Orthopaedic
From Facility: O-Seaview Orthopaedic
Support Contact: 732-660-6200
Number of Page(s): 3

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**Seaview Orthopaedic
and Medical Associates**

Central Fax: 732-660-6201
Website: www.seaviewortho.com

Seaview Pavilion
1200 Eagle Avenue
Suite 100
Ocean, NJ 07712
Ph: 732-660-6200

Clearbrook Commons
284 Applegarth Road
Suite C
Monroeville, NJ 08831
Ph: 609-495-1888

Brick Medical Arts Building
1640 Route 88 West
Suite 101 & 203
Brick, NJ 08724
Ph: 732-458-7868

Atlantic Commons
500 Barnegat Blvd North
Building 200
Barnegat, NJ 08005
Ph: 609-466-3288

Patriot's Park
222 Schanck Road
Suite 105 & 300
Freehold, NJ 07728
Ph: 732-462-1700

Holmdel Corp Plaza
2138 Route 35 North
Suite 140
Holmdel, NJ 07753
Ph: 732-697-4800

WORKERS' COMP QUICK NOTE

- ☐ Initial Visit
☒ Follow-Up Visit

Time In: 8:22 AM

Time Out: 8:22 AM

CLAIM NUMBER: PJWC081013

RE: William Perez

ACCOUNT NO: 725899

Date of Injury: 2022-08-24

Date of Evaluation: 11/28/2022

DIAGNOSIS:

Contusion of left knee, initial encounter - S80.02XA (Primary) Maltracking of left patella - M22.8X2

Testing Physician: Dr. Cozzarelli

CAUSALITY: ☒ YES ☐ NO is the injury/illness the result of a work-related incident or condition of employment

RECOMMENDED TREATMENT PLAN:

- ☐ MRI - ☐ EMG - ☐ CAT scan -
☒ PT ☐ OT ☐ Work conditioning 1 Days Per Week X 2 Weeks
☐ FCE
☐ DME ☐ given ☐ needs to be ordered
☐ Medication Name:

- ☐ Other
☐ Referral to specialty:
☐ Injection
☐ Surgery

WORK STATUS/RESTRICTIONS:

Work comp determinations: Sedentary work only mostly sedentary 80/20 sit to walk. Can worker drive? Yes - including manual transmission vehicle. Has pt reached MMI? Not yet. Further treatment is indicated.

Discharged from Care: Date:

Follow-Up Visit: 12/12/2022 8:15 AM

I certify that this is my medical opinion and that this treatment plan, including recommendation for therapy, orthopaedic equipment, testing, x-rays, etc. is medically necessary and essential.

Physician Signature:

11/28/2022
Date

*If you need further information regarding the above, please contact the Workers' Compensation Department at 732-774-6200 or FAX your questions to 732-988-1146.

BT-Seaview Orthopaedic

500 Barnegat Boulevard, Building 200

Barnegat, NJ, 08005-2233

609-488-3988 609-488-6783

Req/Ctrl# (CD-): 5212500

James Cozzarelli, MD

NPI: 1356315519

Provider Code: 655451

Orthopedic Surgery

Perez, William, Male, 04/11/1992 ID: 725899

Today: 11/28/2022 08:21 AM

412 MONTROSE LANE, Perth Amboy, NJ, US 08205

Order Date: 11/28/2022 08:00 AM

Primary Insurance Name: Creative Risk Solutions WC

Insurance Address: PO Box 6207 , Des Moines , IA , 50308 8207

Subscriber Number: PJWC081013

Insured Name: City of Perth Amboy,

Address: 14 Brookwood Parkway, Jackson, NJ 08527

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	PT Postop Evaluate and Treat Notes: 3x's a week for 2 weeks	No	- S50.02XA, Contusion of left Knee, initial encounter	

Electronically Signed By: James Cozzarelli, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Perez, William, Unknown, 04/11/1992