



Alternative Risk Solutions

Risk Management &amp; Third Party Administration

**WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION**

# 88180

Carlucci/Perini

11/4/22

November 4, 2022

TO DOCTOR: GREGORY GALLICK PHONE: 908-686-6665

FAX: 908-687-7507

DATE: MONDAY, 11/7/22 @12:45

LOCATION: 2780 MORRIS AVE. STE. 2C, Union, NJ 07083

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

RETURN TO : CLAIM ADJUSTER (PAYOR) : CAROLINA SHELL

EMPLOYER: MAXSON MIDDLE SCHOOL

PATIENT: CATHERINE JARA

DATE OF LOSS: 10/21/2022

CLAIM #: PLB081693

WORK INJURY: LT. KNEE

  X   PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR:   X   TREATMENT

**\*\*\*\*\*PLAINFIELD BOARD OF EDUCATION 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: STRAIN TO LEFT KNEE  
 2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY?   YES     NO   IF NO PLEASE EXPLAIN:  
NO

3. TREATMENT PLAN: CONTINUED INJECTION LEFT KNEE4. NEXT APPOINTMENT: 11/21/22 @ 2:30p MMI DATE: 2-3 weeks5. PHYSICAL CAPACITY:   TOTAL BED REST     SEDENTARY ONLY  

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

DOCTORS SIGNATURE

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

November 7, 2022

Patient: Catherine Jara DOB: 10/26/1985  
42 Steiner Place  
N Plainfield, NJ 07060

88180

**PHYSICAL THERAPY PRESCRIPTION (KOPA)**

**DX: STRAIN LEFT KNEE**

ROM, ice, quad(leg extensions), hamstring sets, ultrasound and electric stim.,

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 'MD' or similar initials.

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