

D&H ALTERNATIVE RISK

ATTN: Carolina Shell FAX: 973-940-1852 CLAIM#: PLB082936

GREGORY S. GALLICK, M.D.

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE  
2780 MORRIS AVE, SUITE 2-C  
UNION, NEW JERSEY 07083

(908) 686-6665  
FAX (908) 687-7507

Time In: 1:40 pm Time Out: 2:14 pm

Name: Indian Higgins Date: 4-28-23

Diagnosis: FX @ Patella

Have you prescribed any medications? NO YES: \_\_\_\_\_

Will this medication affect their ability to work? NO YES \_\_\_\_\_

☒ Temporarily Totally Disabled for:

\_\_\_\_\_ Days 2 Weeks \_\_\_\_\_ Months

☐ May Return to Work/School Full Time ☐ Part Time ☐

☐ May Return to Work/School with Restrictions:

No Occasionally Intermittent

Squatting	_____	_____	_____
Stooping	_____	_____	_____
Kneeling	_____	_____	_____
Bending	_____	_____	_____
Running	_____	_____	_____
Jumping	_____	_____	_____
Climbing	_____	_____	_____
Turning	_____	_____	_____
Lifting	0-10 lbs.	10-25 lbs.	25-50 lbs. None
Carrying	0-10 lbs.	10-25 lbs.	25-50 lbs. None
Standing	15 min.	30 min.	60 min. 120 min.

then after \_\_\_\_\_ minutes of rest may return to standing

Return to Work/School Date: Approx: 5/13/23

Return to Sports Date: \_\_\_\_\_

Drive: ☐ Yes ☐ No

Remarks: TWO WEEKS PHYSICAL THERAPY

Signature: \_\_\_\_\_

Next Appt  
5/12/23  
@ 12:45p

*(Handwritten signature)*

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

April 28, 2023

Patient: Inlian Higgins DOB: 07/21/1963  
32 Central Ave  
East Brunswick, NJ 08816

88465

**PHYSICAL THERAPY PRESCRIPTION (KOPA)**

**DX: FRACTURE RIGHT PATELLA**

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 flourish.

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