



# 78330

Risk Management &amp; Third Party Administration

## WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

October 19, 2023

TO DOCTOR: DR GALLICK  
P.T. FACILITY: 2780 MORRIS AVE  
SUITE 2C  
UNION, NJ. 07083

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): KRISTIN WILKINSON KWILKINSON@RISKSOLUTIONS.COM

EMPLOYER: PJIF ROS DPW  
PATIENT: GARRY HOWARD  
ADDRESS: 717 WASHINGTON AVE  
APT A3  
LINDEN NJ. 07036  
PHONE: 908-296-7260  
DOB: 07/03/1963  
SS#: 157-66-5223  
DATE OF LOSS: 10/18/2023  
CLAIM #: PJWC085660  
WORK INJURY: BACK & RIGHT KNEE

☒ PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: ☒ TREATMENT  
☒ AFTER YOU HAVE HAD AN OPPORTUNITY TO EXAMINE THE PATIENT, PLEASE COMPLETE THE  
INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE  
YOUR NOTES WHEN COMPLETED  
OTHER:

\*\*\*\*\*  
1. CURRENT DIAGNOSIS: L-5 strain, strain - Right K - sprain  
2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY? ☒ YES ☐ NO IF NO PLEASE EXPLAIN:  
SL-5 L-5 Right K - sprain

3. TREATMENT PLAN: physical therapy L-5 sprain  
4. NEXT APPOINTMENT: 2 weeks MMI DATE: \_\_\_\_\_  
5. PHYSICAL CAPACITY: \_\_\_\_\_ TOTAL BED REST \_\_\_\_\_ SEDENTARY ONLY \_\_\_\_\_

NO LIFTING

NO DRIVING

OTHER: \_\_\_\_\_

LIFTING UP TO

10 LBS.

NO CLIMBING

Light duty  
10/26/23

DOCTOR'S SIGNATURE

DATE

.....  
THERAPY - RX FROM REFERRING DOCTOR IS ENCLOSED - PLEASE FORWARD P.T. NOTES TO D&H AS  
WELL AS REFERRING PHYSICIAN  
.....

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.

- pt. rx given to pt.

Maur

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

October 25, 2023

Patient: Garry Howard DOB: 07/03/1963  
717 Washington Ave  
Linden, NJ 07036

78330

**PHYSICAL THERAPY PRESCRIPTION (LS)**

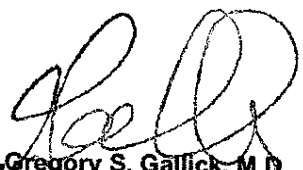
**DX: LUMBOSACRAL STRAIN**

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\*\*\*

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