



Risk Management & Third Party Administration

WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

December 22, 2023

TO DOCTOR: DR. GREGORY GALLICK

PHONE: (908) 686-6665

FAX: (908) 687-7507

FACILITY: 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): KRISTIN WILKINSON KWILKINSON@RISKSOLUTIONS.COM

EMPLOYER: PJIF ROS DPW
PATIENT: GLENN NOLEN
ADDRESS: 412 EAST 7TH AVE
ROSELLE, NJ 07203
PHONE #: 973-264-6961
DOB: 05/24/1965
SS #: 149-68-1451
DATE OF LOSS: 12/12/2023
CLAIM #: PJWC086285
WORK INJURY: LEFT KNEE & LOWER BACK

X PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR: X TREATMENT
X 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
THIS PATIENT HAD AN APPOINTMENT WITH YOU ON / /. PLEASE COMPLETE THE INFORMATION BELOW
AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN
COMPLETED.
X OTHER: MEDICALS RECORDS SENT VIA EMAIL & REFERRAL

1. CURRENT DIAGNOSIS: LT STRAIN, STRAIN LEFT KNEE
2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY? YES NO IF NO PLEASE EXPLAIN:

3. TREATMENT PLAN: Physical therapy x 2 wks
4. NEXT APPOINTMENT: 2 wks 1/2/24 MMI DATE: 2-9-2024
5. PHYSICAL CAPACITY: TOTAL BED REST 12 wks SEDENTARY ONLY

NO LIFTING
NO DRIVING
OTHER:

✓ LIFTING UP TO 10 LBS.
✓ NO CLIMBING

NO Repetitive work, no bending

[Signature]
DOCTOR'S SIGNATURE

1/5/24
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.

[Signature]

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

January 5, 2024

Patient: Glenn Nolan DOB: 05/24/1965
412 E 7Th Ave
Roselle, NJ 07203

89112

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

A handwritten signature in black ink, appearing to read 'Gallick MD', with a stylized flourish at the end.

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

January 5, 2024

Patient: Glenn Nolan DOB: 05/24/1965
412 E 7Th Ave
Roselle, NJ 07203

89112

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 'Greg S. Gallick', followed by a stylized flourish or mark.

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