



Alternative Risk Solutions

Risk Management &amp; Third Party Administration

## WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

August 17, 2023

DOCTOR: GREGORY GALLICK

PHONE: 908-686-6665

FAX: 908-687-7507

P.T. 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](mailto:kwilkinson@risksolutions.com)

EMPLOYER: PJIF ROS DPW  
PATIENT: LESLIE CUMMINGS  
ADDRESS: 216 East 8<sup>th</sup> Avenue  
Roselle, NJ. 07203  
PHONE: 908-532-7320  
DATE OF LOSS: 08/16/2023  
DATE OF BIRTH: 11/11/1976  
CLAIM #: PJWC084899  
WORK INJURY: LEFT SHOULDER  
SS#: 067-76-5774

  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

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1. CURRENT DIAGNOSIS: Strain @ Shoulder  
2. IS THIS CONDITION DIRECTLY RELATED TO THIS INJURY? ☒ YES ☐ NO IF NO PLEASE EXPLAIN:

3. TREATMENT PLAN: X-Ray Lt Shoulder taken at office today

4. NEXT APPOINTMENT: 9/11/23 @ 10:00am MMI DATE: \_\_\_\_\_

5. PHYSICAL CAPACITY: \_\_\_\_\_ TOTAL BED REST \_\_\_\_\_ SEDENTARY ONLY

Light Duty x(2) bi-weekly

☒ NO LIFTING

☒ LIFTING UP TO 10 LBS.

☒ NO DRIVING

☒ NO CLIMBING

☒ OTHER: \_\_\_\_\_

No Aggravative Work

DOCTOR'S SIGNATURE

8/22/23

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.

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

August 22, 2023

Patient: Leslie Cummings DOB: 11/11/1976  
216 East 8Th Ave  
Roselle, NJ 07203

87474

**PHYSICAL THERAPY PRESCRIPTION (SSX)**

**DX: STRAIN LEFT SHOULDER**

Shoulder-Rotator Cuff Tendinitis: Ice, ultrasound, electric stim. internal & external Rotator Cuff exercises, gentle passive manipulation to avoid a frozen shoulder. A-ROM & strengthening exercises, progress as tolerated.

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 'Gregory S. Gallick' followed by a stylized 'MD'.

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