



**SEAVIEW
ORTHOPAEDICS**

Central Fax: 732-660-6201
Website: www.seaviewortho.com

Seaview Pavilion
1200 Eagle Avenue
Suite 100
Ocean, NJ 07712
Ph: 732-660-6200

Clearbrook Commons
294 Applegarth Road
Suite C
Monroe, NJ 08831
Ph: 609-495-1888

Brick Medical Arts Building
1640 Route 88 West
Suite 101 & 203
Brick, NJ 08724
Ph: 732-458-7866

Atlantic Commons
500 Barnegat Blvd North
Building 200
Barnegat, NJ 08005
Ph: 609-488-3988

Patriot's Park
222 Schanck Road
Suite 105 & 300
Freehold, NJ 07728
Ph: 732-462-1700

Holmdel Corp Plaza
2139 Route 35 North
Suite 140
Holmdel, NJ 07753
Ph: 732-897-4800

WORKERS' COMP QUICK NOTE

- ☐ Initial Visit
☒ Follow-Up Visit

Time In: 8:15 AM

Time Out: 8:15 AM

CLAIM NUMBER: PLB087304

RE: Gertrude HarrisJohnson

ACCOUNT NO: 773915

Date of Injury: 2024-03-13

Date of Evaluation: 04/08/2024

DIAGNOSIS:

Strain of lumbar paraspinal muscle, initial encounter - S39.012A (Primary) Cervical strain, initial encounter - S16.1XXA Cervical spondylosis with radiculopathy - M47.22 Spondylolisthesis, lumbar region - M43.16

Treating Physician: Dr. Yalamanchili

CAUSALITY: ☒ YES ☐ NO is the injury/illness the result of a work-related incident of condition of employment

RECOMMENDED TREATMENT PLAN:

☒ MRI - ☐ EMG - ☐ CAT scan -

☐ PT ☐ OT ☐ Work conditioning Days Per Week X Weeks

☐ FCE

☐ DME ☐ given ☐ needs to be ordered

☐ Medication Name:

Strain of lumbar paraspinal muscle, initial encounter: Start cyclobenzaprine tablet, 5 mg, 1 tab(s), orally, at night. As needed, 30, Refills 0, Cervical spondylosis with radiculopathy:, Spondylolisthesis, lumbar region:

- ☐ Other
☐ Referral to specialty:
☐ Injection
☐ Surgery

WORK STATUS/RESTRICTIONS:

Work comp determinations Work Status Sedentary only. Causality The patient's complaints are work-related. Has pt reached MMI? Not yet. Further treatment is indicated.

Discharged from Care: Date:

Follow-Up Visit: 04/29/2024 9:45 AM

I certify that this is my medical opinion and that this treatment plan, including recommendation for therapy, orthopaedic equipment, testing, x-rays, etc. is medically necessary and essential.

hans yalamanchili

Physician Signature

04/08/2024

Date

*If you need further information regarding the above, please contact the Workers' Compensation Department at 732-774-6200 or FAX your questions to 732-988-1146.

04/08/2024

Order Form**F-Seaview Orthopaedic**

222 Schanck Road, Ste 300

Freehold, NJ, 077282974

732-462-1700 732-303-8314

Req/Ctrl# (CD-): 5995116

Praveen Yalamanchili, MD

NPI: 1982841920

Provider Code: 445326

Orthopedic Surgery

Today: 04/08/2024 08:57 AM

Order Date: 04/08/2024 08:15 AM

HarrisJohnson, Gertrude, Female, 01/20/1949 ID: 773915

Cell: 848-459-7153 32 GOLFVIEW DR, Neptune, NJ, US 07753

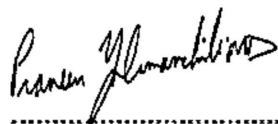
RESPONSIBLE PARTY/GUARANTOR INFO:

Name: HarrisJohnson, Gertrude

DOB: 01/20/1949

Primary Insurance Name: D and H Management Corp WC**Insurance Phone:** 973-940-1851**Insurance Address:** PO Box 68 , Newton , NJ , 07860**Subscriber Number:** PLB087304**Insured Name:** HarrisJohnson, Gertrude**Address:** 32 GOLFVIEW DR, Neptune, NJ, US 07753

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	MRI Cervical Spine wo	No	- M47.22, Cervical spondylosis with radiculopathy	



Electronically Signed By: Praveen Yalamanchili, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

HarrisJohnson, Gertrude, F, 01/20/1949

F-Seaview Orthopaedic
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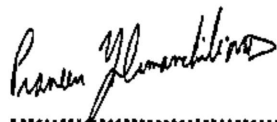
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Insured Name: HarrisJohnson, Gertrude
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Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	MRI Lumbosacral Spine wo	No	- M43.16, Spondylolisthesis, lumbar region	



Electronically Signed By: Praveen Yalamanchili, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

HarrisJohnson, Gertrude, F, 01/20/1949