

FINAL REPORT

Employee: MEIDINGER, DON Employer: SAN JOAQUIN MOSQUITO
Date of Injury: 1-27-92 Date of Final Exam: na Claim # 6938-92-0003

1. Current Diagnosis: na

2. Subjective Complaints: na

3. Status:

- Currently under rehabilitative care.
- Currently under periodic care to relieve recurrent symptoms.
- Currently under preventative maintenance care.
- Patient was self-dismissed from care pre-maturely as of 2-21-92
- Patient has fully recovered to a pre-injury status as of _____
- Patient has reached a permanent and stationary status as of _____
- Other _____

4. Prognosis:

- Patient has no residual impairment.
- Patient has partial impairment of _____
- Patient has total impairment of _____
- Other _____

5. Disability:

- Patient has lost no time from work due to this condition.
- Patient has/will return to work on (date) 2-18-92
 - Full time
 - Part time; specify hours per day/week: _____
 - Modified Work. Specify restrictions: _____
- Patient is permanently precluded from engaging in his/her usual occupation. Specify activity restrictions: _____

6. Evaluate patient's response to date: SATISFACTORY, BETTER CERVICAL RANGE OF MOTION.

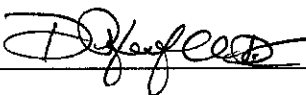
7. Future treatment needed; indicate nature, extent and duration of future care: NO RESIDUALS WERE ANTICIPATED.

8. Conclusion: MR. MEIDINGER WAS MAKING GOOD PROGRESS, HE HAD GONE A WEEK WITH GOOD CERVICAL IMPROVEMENT. PATIENT REFUSED TO COME IN FOR A FINAL EXAM, THEREFORE WE ARE UNABLE TO MAKE A STATEMENT ON PROGNOSIS.

9. Disability Evaluation Attached Yes No

10. Final Billing Attached Yes No

Doctor's Signature



Date 5-5-92