

Keenan & Associates

3582

05-13-92

DARRYL W KITAYAMA MD
832 SOUTH FAIRMONT AVE
LODI, CA 95240

RE: EMPLOYEE..... DONALD MEIDINGER
EMPLOYER..... SAN JOAQUIN COUNTY MAD
CLAIM NUMBER.... 6938-91-0003
DATE OF INJURY.. 09-04-90

Dear DARRYL W KITAYAMA MD:

May we please have a brief status report on the above captioned claim indicating the following:

1. Date last examined: 5/20/92
2. Discharged as cured? Yes No
3. Still under treatment? Yes No
4. Stopped treatment without your order on: _____
5. Permanent Disability anticipated? Yes _____ No _____
6. If yes, please give estimated date condition is expected to become permanent and stationary: _____

Signature

Darryl Kitayama 5/22/92

Sincerely,

Elena Piazzisi
ELENA PIAZZISI
SENIOR CLAIMS EXAMINER

RECEIVED
SEP 30 1991
DIVISION OF
WORKERS COMPENSATION
SAN JOAQUIN OFFICE