

1-06-11

ALPINE ORTHOPAEDIC PR-2 FORM  
(209) 948-3333

2488 N. CALIFORNIA STREET  
STOCKTON, CA 95204

Patient: Tiffany Anderson

Account#: DI 168478

- Periodic report
- Change in work status
- Change in patient's condition
- Need surgery/hospitalization
- Need consultation/referral

- Change in treatment
- Info requested by:
- Released from care
- Request for authorization
- Other:

**PATIENT**

Account: DI 168478  
Tiffany Anderson  
2 North Avena Ave  
SS#: 549-23-5133

Doctor: Gary T Murata M.D.  
Sex: female DOB: 08/22/1970  
Lodi Ca 95240  
Phone: 209 329-9523

**CLAIM ADMINISTRATOR**

A.I.M.S. Claim #: VE0700184 DOI: 06/19/08  
Po Box 269120 Sacramento, CA 95826  
Employer: Sj Co Mosquito Control

**DIAGNOSIS**

1. 836.1 / 717.7 /

**WORK STATUS:** This patient has been instructed to

- Remain off work until
- Return to modified work with the following limitations and restrictions:
- Return to full duty with no limitations or restrictions.

Continue with:  Modified Work  Full Duty

Date of Exam: January 06, 2011 Part of Body: Right Knee

**Subjective:** Ms. Anderson has had increased pain in her knee. She injured the knee in a minor motor vehicle accident two weeks ago. However, she is ambulatory without external supports. She did note some swelling after the injury.

**Objective:** She has good active range of motion of the knee, slight generalized swelling, no effusion. Ligaments stable.

**ASSESSMENT:** Again, permanent and stationary following partial lateral meniscectomy, microfracture of medial femoral condyle. She stopped her Norco. We talked about pain management. She will leave that option open under future treatment. Return to the office routinely in 1 month.

I have not violated Labor Code Section 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury in San Joaquin County, CA, dated 1-7-11.

Gary T. Murata, M.D. / jaq

RECEIVED  
JAN 24 2011