

2-17-10

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

Patient: Tiffany Anderson

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204
Account#: DI 168478

- ☒ [X] Periodic report
☐ [] Change in work status
☐ [] Change in patient's condition
☐ [] Need surgery/hospitalization
☐ [] Need consultation referral

- ☐ [] Change in treatment
☐ [] Info requested by:
☐ [] Discharged
☐ [] Other:

PATIENT

Account: DI 168478
Tiffany Anderson
1416 Iris Dr #7
SS#: 549-23-5133

Doctor: Gary T Murata M.D.
Sex: female DOB: 08/22/1970
Lodi Ca 95242
Phone: 209 263-7132

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 /

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: February 17, 2010 Part of Body: Right Knee

Subjective: Tiffany continues to have swelling about her right knee and lateral joint pain.

Objective: She is tender over the lateral aspect of her knee with a small palpable meniscal cyst laterally, good range of motion of her knee, but a mild to moderate effusion. Slight limp.

ASSESSMENT: Recurrent medial meniscus tear with a small ganglion or meniscal cyst.

PLAN: Apparently arthroscopic surgery has been approved and Tiffany wishes to proceed with surgery. She can perform light work; no squatting or climbing, standing and walking intermittently. However, modified work has not been available for her. Return to the office in 4 weeks, or sooner if surgery is scheduled.

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 2-18-10.

Gary T. Murata, M.D. / jaq