

Attention Mellenzie Dawson

5 of 8

B

Alpine Orthopaedic Medical Group, Inc.
ORTHOPAEDIC SURGERY

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DATE 3/25/09
It is my medical opinion that _____ D O I

Tiffany Anderson
is capable of resuming the activities of his/her occupation as described below:

WORK STATUS:
 Regular work or 3/30/09
 Modified work with limitations noted
 Unable to return to work until 3/21/09 to
Date: _____

WORK LIMITATION:
(✓) = partial capacity
(x) = no capacity
 Bending Reaching Lifting
 Climbing Standing _____ lbs.
 Pulling Pushing Sitting
[Signature] M.D.

3-25