

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

Patient: Tiffany Anderson

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204

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:
 Discharged
 Other: **Need MRI.**

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: 209 333-1037

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: **No squatting or climbing. Walking and standing occasional.**

Return to full duty with no limitations or restrictions.

Continue with: Modified Work Full Duty

Date of Exam: March 31, 2009

Part of Body: Right Knee

Subjective complaints: Tiffany still has pain and swelling about her knee. No significant improvement since I saw her last week despite activity modification, use of anti-inflammatories, and icing.

Objective findings: She still has a mild effusion of her knee. Range of motion is still guarded from 5-120 degrees.

Assessment: Aggravation of her knee after arthroscopy with lateral meniscectomy. This surgery was performed six months ago.

Plan: A new MRI will be ordered of her right knee. Follow-up in the office after the above study. In the meantime, perform modified work if available.

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. Signed on 3/31/09 in the County of San Joaquin, CA.

Gary T. Murata, M.D./jh

RECEIVED

MAY 14 2009

AMS-SACTO