



RE: EMPLOYEE: Tiffany Anderson
EMPLOYER: San Joaquin Vector
CLAIM NUMBER: VE0700184
DATE OF INJURY: 6-19-08

1. Diagnosis: CMT

2. What were the subjective complaints and your objective findings at the last appointments?

3. Can the employee return to her regular duty (no restrictions)? Yes ☒ No
On: _____

4. If not, when will she be able to return to modified work? NO

5. What restrictions should her employer accommodate, and for how long?

NO 54 with
work - 4/13/10
initialing - 04/14/10

6. Do you anticipate there will be residual permanent disability after restrictions are lifted?

☒ Yes ☐ No

7. When do you anticipate the condition will reach maximum medical improvement? (i.e. the point at which the injury has stabilized & reasonably is not expected to worsen or improve further.) 6-1-10

8. Remarks:

See p 12-2 4/13/10

Signed: _____

Dated: 4/14/10

Physician's Signature
Dr. _____

Date _____