

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:

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, May 26, 2009.
Continue with: Modified Work Full Duty

Date of Exam: May 19, 2009

Part of Body: Right Knee

Subjective: Tiffany has improved since I saw her last. She has been attending therapy once per week. She has much less swelling although she continues to have some intermittent swelling but she does not complain of swelling at the present time.

Objective: No effusion of her knee with good range of motion. There is slight tenderness along the anteromedial joint line.

Assessment: Improvement of recent right knee strain with a history of partial lateral meniscectomy.

Plan: Continue her therapy. Return to regular work next week. Follow-up in the office in three weeks.

I have not violated Labor Code 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. Dated 5/21/09, at San Joaquin County, CA.

Gary T. Murata, M.D./sh

RECEIVED

JUN 04 2009

AIMS-SACRAMENTO