6-9-09

**ALPINE ORTHOPAEDIC PR-2 FORM**
**(209) 948-3333**
**Patient: Tiffany Anderson**

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

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[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 Lodi Ca 95242
SS#: 549-23-5133
Doctor: Gary T Murata M.D.
Sex: female DOB: 08/22/1970
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 [ x ] Full Duty

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Date of Exam: June 09, 2009 Part of Body: Right Knee

Subjective: Tiffany continues to have some pain and swelling about her knee although the pain seems to be anterior about the patella and not localized to the lateral joint line. She has no frank locking. She missed work yesterday due to severe fatigue.

Objective: She has no obvious effusion, some slight swelling in the prepatellar region but no sign of infection, redness, or warmth. Good range of motion of her knee. Her gait pattern is normal.

Assessment: Continued knee pain following partial lateral meniscectomy. Most of her knee pain is anterior which hopefully will slowly improve over time especially as she gets used to working her regular hours. Continue full duty. Follow-up in the office in one month.

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 6/10/09, at San Joaquin County, CA.
Gary T. Murata, M.D./sh

RECEVIED
JUN 26 2009
AIMS-SACRAMENTO