

7/22/08

**Dameron Hospital Occupational Health Services**

420 W. Acacia Street , Stockton, CA 95203 209-461-3196 FAX 209-461-3123

**WORK STATUS REPORT**

**Employee:** Tiffany Anderson  
**Employee ID:** 549-23-5133  
**Employer:** SJ Mosquito & Vector Control  
**Date of Injury:** 6/19/2008

**Exam Date:** 07/22/2008  
**Time In:** 1:35 PM **Time Out:** 2:33 PM  
**Guarantor:** AIMS-SACTO 8049  
**Claim No:**

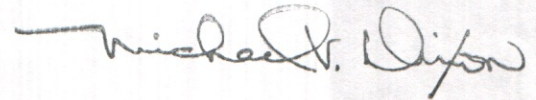
**Work Status:** MODIFIED WORK DUTIES  
Effective 07/22/2008 to 07/29/2008

**Work Restrictions:** WORK RESTRICTIONS: No squatting, kneeling or crawling. No climbing ladders. Wear splint/brace as directed. No prolonged standing or walking.

**Diagnosis:** Knee effusion, Right  
Sprain/strain knee, cruciate ligament

**Evaluating Clinician:** Mike Dixon PA-C  
Donald Rossman M.D.

**\*Medical Services:** Ibuprofen - 800 mg



\*This is a general overview of the visit, it is not a complete list of billable services

**\*Request for Treatment Authorization**

<u>Date of Request</u>	<u>Treatment</u>	<u>Status</u>
07/22/2008	MRI - Knee	Obtain Authorization

\* A separate "Request for Treatment Authorization" with supporting documentation will be submitted to the Claims Examiner

**Next Scheduled Appointment:**

<u>Date</u>	<u>Time</u>	<u>Provider</u>	<u>Specialty</u>
7/29/2008	2:00 PM	Dixon, Mike	Occupational Health Services

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*Michael J. Dixon*

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7/29/2008	2:00 PM	Dixon, Mike	Occupational Health Services

*Wound: [Signature]*  
*meds: [Signature]*  
*see ortho*  
*rest 7-10 days*

*Adjuster*  
*\* Mckewynne Lawson*  
*916-563-1900*  
*Ext. 242*  
*FAX 916-563-1919*  
*(P) D*