

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 authorization
 Need consultation/referral

Change in treatment
 Info requested by:
 Released from care
 Request for

Other: Needs MRI

PATIENT

Account: DI 168478
 Tiffany Anderson
 2 North Avena Ave
 SS#: 549-23-5133

Doctor: Gary T Murata M.D.
 Sex: female DOB: 08/22/1970
 Lod1 Ca 95240
 Phone: 209 329-9523

CLAIM ADMINISTRATOR

A. I. M. S.
 Po Box 269120
 Employer: Sj Co Mosquito Control

Claim #: VE0700184 DOI: 06/19/08
 Sacramento, CA 95826

DIAGNOSIS

1. 836.1 /717.7 /

WORK STATUS:

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 Full Duty

Date of Exam: July 26, 2011 Part of Body: Right Knee

Subjective: Tiffany reinjured her right knee 1 month ago. She was walking in a field and struck what she describes as a large metal T-post. This gave her a small wound. She continues to have very severe medial joint pain and catching. She was off work for 4 days and treated at U.S. HealthWorks. She is now back to full duty. She is convinced that she has another meniscal tear, as she has had increasing anterior medial joint pain with catching.

Objective: Physical examination reveals good range of motion of her knee, mild soft tissue swelling over the anterior medial joint line, as well as a healed laceration just distal to the anterior medial joint line. No swelling about her calf, no effusion, good range of motion.

ASSESSMENT: Possible meniscal tear, although her mechanism of trauma appears to be more direct, rather than a twisting injury. Since symptoms have not improved, it is reasonable to order an MRI of her knee to rule out internal derangement such as a meniscal tear. She will continue full duty, and I will see her in the office after the MRI of the right knee.

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 in San Joaquin County, CA, dated 7-27-11.
 Gary T. Murata, M.D. / jaq

* * * END OF DOCUMENT * * *

ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.

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 ANNE McCUNE, MS, MBA
 ADMINISTRATOR

CONFIDENTIAL HEALTH INFORMATION FAX

Date: 07/27/11
Total Number of Pages including Cover: 3
To Company: A. I. M. S
Attention: MCKENZIE DAWSON
From: PATTY CAMPOY
Return FAX: (209) 948-3331 **Phone/Ext:** (209) 946-7107
Subject: ANDERSON, TIFFANY

**** AUTHORIZATION REQUEST ****

MRZ ok through Coast 2 Coast 800-730-9263

This transmission contains personal health information that you are required by law to maintain in a secure and confidential manner. Re-disclosure is prohibited. Failure to maintain confidentiality or re-disclosure without authorization could result in penalties as described in State and Federal law.

*Some of the physicians of ALPINE ORTHOPAEDIC MEDICAL GROUP, INC., have financial interest in the following: 1) In-office prescription medications, DEXASCAN, MRI, and X-RAY, 2) The AMBULATORY SURGERY CENTER OF STOCKTON, 3) PHYGEN, LLC (a company which sells spine instrumentation to the hospital or ambulatory surgery center), and 4) ALPINE IMPLANT ALLIANCE, LLC (Providing total joint implants for hip and knee)

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*Team Physicians for the University of the Pacific Tigers
 and the Stockton Ports*



Jul 27, 2011 12:25

ALPINE ORTHOPAEDIC
Patient: ANDERSON, TIFFANY

AUTHORIZATION REQUEST FORM

DATE: 07/27/11
Account#: DI168478

Type of Request: ROUTINE

Date of Request: 07/27/11

Primary Insurance: DAMERON INDUSTRIAL

Secondary Insurance:

Patient Name: ANDERSON, TIFFANY D.O.B.: 08/22/1970 Sex: F

Date of Inj: 06/19/08 Claim #: VE0700184

Condition Related to:

REQUESTED OFFICE INFORMATION

Req By : PATTY CAMPOY Phone: (209) 946-7107 Fax: 209 948-3331

Contact: Phone: Fax:

Physician: GARY T MURATA, MD 2488 NORTH CALIFORNIA, STOCKTON CA, 95204

REQUESTED PROCEDURES/SERVICES (who/what/where)

ICD-9: 836.0 Diagnosis: TEAR, MEDIAL MENISCUS

Procedure & CPT codes: 73721-00 MRI JOINT/LOWER EXTREMITY

Primary Care Physician: DAMERON OCCUPATIONAL H

Visit Type: SPECIAL TEST OR PROCEDURE Visits Requested:

Date of Service: Place of Service: AOMG MRI

Type of Service: MEDICAL OFFICE

Provider Name: ALPINE ORTHOPAEDIC Phone: 209 948-3333 Fax: 209 948-3331

Additional Information:

REASON FOR REQUEST:

PLEASE SEE ATTACHED NOTES/REPORTS FOR SIGNIFICANT PHYSICAL FINDINGS,
LAB/X-RAY REPORTS, TREATMENT TO DATE, AND MEDICATIONS TO DATE

AUTHORIZATION

Date Approved: Hospital: _____ Authorization #

Signature: _____

- * All or some of the physicians of ALPINE ORTHOPAEDIC MEDICAL GROUP *
- * have financial interest in the following: 1) in-office DEXASCAN, *
- * MRI and X-RAY, 2) the AMBULATORY SURGERY CENTER of STOCKTON, and 3) *
- * Allez Spine, LLC (a spine instrumentation company which sells *
- * to hospitals and ambulatory surgery centers) *