

7/29/08

**WORK STATUS REPORT**

Employee: Tiffany Anderson      Exam Date: 07/29/2008  
Employee ID: 549-23-5133      Time In: 2:00 PM      Time Out: 3:32 PM  
Employer: SJ Mosquito & Vector Control      Guarantor: AIMS-SACTO 8049  
Date of Injury: 6/19/2008      Claim No: VE0700184

Work Status: MODIFIED WORK DUTIES.  
Effective 07/29/2008 to 08/05/2008

*[Handwritten signature]*

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: Propoxyphene/Aceta 100-650mg

*[Handwritten signature: Michael T. Dixon]*

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

**\*Request for Treatment Authorization**

Date of Request	Treatment	Status
07/29/2008	Consult - Orthopedist	Obtain Authorization

*[Handwritten: Murata 8.6.08]*

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

**Next Scheduled Appointment:**

Date	Time	Provider	Specialty
8/5/2008	10:20 AM	Dixon, Mike	Occupational Health Services

7.31.08  
- Reviewed case w/ Tiffany today; & mod duty per employer. Notified of tear & FO on the consult.

*[Handwritten initials]*

→ RRR 1 wk / finish PT (3 left)



**Dai...** Hospital Occupational Health Services  
420 W. Acacia Street, Stockton, CA 95203 209-461-3196 FAX 209-461-3123

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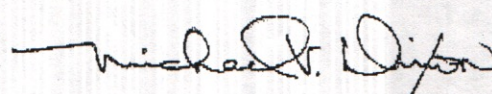
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