ALPINE ORTHOPAEDIC PR-2 FORM

(209) 948-3333

Patient: Tiffany Anderson

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

[X] Periodic report	[] Change in treatment
[] Change in work status	[] Info requested by:
[] Change in patient's condition	[] Discharged
[] Need surgery/hospitalization [] Need consultation referral	[] Other:
PATIENT	
Account: DI 168478	Doctor: Gary T Murata M.D.
Tiffany Anderson	Sex: female DOB: 08/22/1970
1416 Iris Dr #7	Lodi Ca 95242
SS#: 549-23-5133	Phone: 209 263-7132
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 [X] Return to modified work with the following limitations and restrictions: No climbing or squatting,	
walking and standing intermitter	itly.
[] Return to full duty with no lim	
Continue with: [] Modified	d Work [] Full Duty
Date of Exam: August 11, 2009	Part of Body: Right Knee
Subjective: Tiffany has had slight improvement of her knee since I saw her last. No light duty is	

ome intermittent swelling of the knee. She does take 3 Norco per day.

Objective: Physical examination reveals anterior diffuse knee tenderness, good range of motion of her knee, gait pattern mild limp.

ASSESSMENT: Continued anterior knee pain syndrome following partial lateral meniscectomy.

PLAN: Tiffany would like to have another month before considering the alternative of being permanent and stationary. I think this is reasonable. She will continue a home exercise program. She can perform modified work. She should not take more than 3 Norco per day. Follow-up in the office in 1 month. At that time she could be considered permanent and stationary.

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 8-12-09.

Gary T. Murata, M.D. / jaq