

ALPINE ORTHOPAEDIC PR-2 FORM
(209) 948-3333

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204

Patient: Tiffany Anderson

Account #: DI 168478

- 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

Doctor: Gary T Murata M.D.

Tiffany Anderson

Sex: female DOB: 08/22/1970

1416 Iris Dr #7

Lofi Ca 95242

SS#: 549-23-5133

Phone: 209 333-1037

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 - walking is occasional. No squatting or climbing.
 Full Duty

Date of Exam: August 22, 2008

Part of Body: Right Knee

Subjective: Her knee pain is not better. She has not been able to work since light duty has not been available.

Objective: She has guarded range of motion from 0 to about 95 degrees. She is very tender along the anterolateral joint line. No ligamentous laxity.

Assessment: Lateral meniscal tear of the right knee.

She is very symptomatic. She is willing to proceed with arthroscopic surgery which is indicated. Her MRI is positive anterior horn lateral meniscal tear.

Plan: Arthroscopy of the right knee. Follow-up in the office preoperatively. Continue light duty until she is seen again, however, light duty is not available.

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 8/25/08, at San Joaquin County, CA.

Gary T. Murata, M.D./sh

