

Confidential

John Stroh

Alpine Orthopaedic Medical Group, Inc.

ORTHOPAEDIC SURGERY

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DATE 9/13/11
It is my medical opinion that _____ D O I

Tiffany Anderson
is capable of resuming the activities of his/her occupation as described below:

WORK STATUS: *no sitting*

Regular work

Modified work with limitations noted

Unable to return to work until

Date: _____

WORK LIMITATION:

(✓) = partial capacity

(x) = no capacity

<input type="checkbox"/> Bending	<input type="checkbox"/> Reaching	<i>walking</i>
<input checked="" type="checkbox"/> Climbing	<input checked="" type="checkbox"/> Standing	<i>occasional</i>
<input type="checkbox"/> Pulling	<input type="checkbox"/> Pushing	<input checked="" type="checkbox"/> Lifting
		<i>20</i> lbs.
		<input type="checkbox"/> Sitting

M.D.