

9-25-08

ALPINE ORTHOPAEDIC P
(209) 948-3333

FORM

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: Needs therapy.

PATIENT

Account: DI 168478
Tiffany Anderson
1416 Iris Dr #7
SS#: 549-23-5133

Doctor: Gary T Murata M.D.
Sex: female DOB: 08/22/1970
Lofi Ca 95242
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 **11-5-08.**
 - 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: **September 25, 2008** Part of Body: Right Knee

Subjective: Tiffany is now 3 days following arthroscopy, partial lateral meniscectomy. She is walking without crutches, but has a fair amount of soreness and has been taking her pain medication regularly.

Objective: Physical examination reveals guarded range of motion, from 5 to about 100 degrees. Incisions look good, no sign of infection, she has a minimal effusion.

ASSESSMENT: Recent arthroscopy, partial lateral meniscectomy, right knee.

PLAN: She is scheduled to start therapy next week. In the meantime, I instructed her on a home exercise program, including leg-lifts and walking. She can now bathe. Sutures were removed. Follow-up in the office in 3 weeks.

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 9-29-08.

Gary T. Murata, M.D. / jaq

RECEIVED

OCT 14 2008

STOCKTON