

Return appointment
Oct 13 2:36

Alpine Orthopaedic Medical Group, Inc.
ORTHOPAEDIC SURGERY

PETER B. SALAMON, M.D., F.A.C.S.
EDWARD L. CAHILL, M.D.
VINCENT C. LEUNG, M.D.
GEORGE W. WESTIN, JR., M.D.
GARY T. MURATA, M.D.
STEVEN E. EAGER, M.D.
ROLAND H. WINTER, M.D.

ANH X LE, M.D.
ALAN T. KAWAGUCHI, M.D.
GARY M. ALEGRE, M.D.
MICHAEL P. HAHN, M.D.
ALEX H. PHAN, M.D.
VANESSA D. BEEMAN, PA-C
TONYA L. SMITH, PA-C

2488 N. CALIFORNIA ST. STOCKTON, CA 95204 (209) 948-3333

DATE 9/29/11

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:

- Regular work
 Modified work with limitations noted
 Unable to return to work until

Date: _____

No surgery

WORK LIMITATION:

(✓) = partial capacity
(x) = no capacity

- Bending
 Climbing NO
 Pulling
 Reaching
 Standing
 Pushing
 Lifting occasional
20 lbs.
 Sitting

walky

[Signature] M.D.