10-6-09

ALPINE ORTHOPAEDIC PR-2 FORM

(209) 948-3333

Patient: Tiffany Anderson

2488 N. CALIFOI	RNIA STREET
STOCKTON, CA	95204
Account#: DI 168	478

[] Change in treatment [] Info requested by: [] Discharged [X] Other: Need MRI.	
	[] Info requested by: [] Discharged

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 Lodi Ca 95242

Phone: 209 263-7132

CLAIM ADMINISTRATOR

A.I.M.S.

Claim #: VE0700184

DOI: 06/19/08

Po Box 269120 Sacramento, CA 95826

Employer: Si 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 squatting or climbing. Intermittent standing and walking.

[] Return to full duty with no limitations or restrictions.

Continue with: [] Modified Work [] Full Duty

Date of Exam: October 06, 2009

Part of Body: Right Knee

Subjective complaints: Tiffany believes that she re-tore her lateral meniscus. She has had intermittent swelling. She showed me several pictures on her phone showing swelling over the lateral joint line. She believes that she possibly could have re-torn her meniscus after her second MRI when she went back to work which requires frequent walking as well as climbing and jumping off of fences perhaps as high as 6 feet.

Objective findings: She is tender along the lateral joint line, with good range of motion and no effusion. Slight limp.