

Please let me know if you can accommodate modified duty. I will return to Dr. Murata after MRI is performed. Not to exceed four weeks.

Tiffany Anderson

Alpine Orthopaedic Medical Group, Inc.
 ORTHOPAEDIC SURGERY

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DATE 6/6/09
 It is my medical opinion that _____ D O I

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

WORK STATUS:
 Regular work
 Modified work with limitations noted now
 Unable to return to work until No squatting.
 Date: _____

WORK LIMITATION:
 (✓) = partial capacity walking intermittent
 (x) = no capacity

<input checked="" type="checkbox"/> Bending	<input type="checkbox"/> Reaching	<input type="checkbox"/> Lifting
<input checked="" type="checkbox"/> Climbing	<input checked="" type="checkbox"/> Standing	_____ lbs.
<input type="checkbox"/> Pulling	<input type="checkbox"/> Pushing	<input type="checkbox"/> Sitting

 M.D.

Attention: John Stroh, Eddie Lechessi & Brian Meine