

State of California
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

In accordance with CCR Title 8, Section 9785, this report is being submitted for the following reason:

☒ [X] Periodic Report ☐ [X] Change in treatment plan ☐ [X] Discharged
☐ [X] Change in work status ☐ [X] Need for referral or consultation ☐ [X] Requested by: _____
☐ [X] Change in patient's condition ☐ [X] Need for surgery or hospitalization ☐ [X] Other: _____

Patient Information:

Anderson, Tiffany K
1416 Iris Dr #7 Lodi, CA 95242-
(209) 333-1037

Sex: F

SSN: 549-23-5133

DOB: 08/22/1970

Occupation: Tech I

Claims Administrator:

AIMS - Fresno 8046
Fresno, CA 93729-
(559) 227-9891

Claim Number: VE060031

FAX: (559) 227-1579

Employer:

SJ Mosquito and Vector Control
() -

Narrative Report:

Date of Visit: 10/20/2005

SUBJECTIVE:

Pt improving. No respiratory complaints.

OBJECTIVE:

Alert, no acute distress. ENT clear. Neck no adenopathy. Lungs clear. Heart regular rhythm without murmur. Heart sounds normal. Skin clear at this time.

ASSESSMENT:

Probable allergic reaction. R/o viral syndrome.

PLAN:

1. Return 1 wk

DR

D: 04/24/06

T: 04/25/06

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.

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MAY 01 2006
MAY 01 2006

Work Status: Off balance of shift; return to

From: 10/20/2005 **To:** 10/25/2005

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Patient Name: Anderson, Tiffany K

Date of Visit: 10/20/2005

Primary Treating Physician:

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: _____

Date: 10/20/2005

Physician: Donald Rossman, M.D.

Executed at: Dameron Hospital

Cal. Lic. # C35074

525 W. Acacia St., Stockton, CA 95203

Specialty: Occupational Medicine

(209) 461-3196 Opt.3

Next report due no later than 45 days from date of this report

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