

(209) 948-3333

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  
Lodi 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
- 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: October 16, 2008 Part of Body: Right Knee

**Subjective:** Tiffany has had improvement of her knee, although she has not tried to squat. She has pain after walking more than 30 minutes. Her pain seems to be improved.

**Objective:** She still has tenderness over the portal sites, but no sign of infection, good range of motion of her knee. Gait pattern is almost normal.

**ASSESSMENT:** Continued improvement following partial lateral meniscectomy.

**PLAN:** Continue physical therapy, twice-a-week for 4 weeks. A prescription has been faxed to Lodi Physical Therapy. I will see Tiffany in the office in 2 weeks. She is scheduled to return to work on 11-5-08, which is almost 3 weeks from now.

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 10-17-08.

Gary T. Murata, M.D. / jaq

RECEIVED

NOV 06 2008

A.I.M.S.-SACT