

Attention Kia Richards

4492598 claim #

Alpine Orthopaedic Medical Group, Inc.  
ORTHOPAEDIC SURGERY

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DATE 11/18/08  
It is my medical opinion that \_\_\_\_\_ D O I

Tiffany Andersen  
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: Dec 24 08

WORK LIMITATION:

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

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

\_\_\_\_\_  
M.D.

877-857-7624