

12-17-08

ALPINE ORTHOPAEDIC PC FORM

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204

(209) 948-3333

Account#: DI 168478

Patient: Tiffany Anderson

- 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:

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
Lofi 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 **1-5-09** with no limitations or restrictions; **light duty now (no squatting or running, walking occasionally, no climbing)**
- Continue with: Modified Work Full Duty

Date of Exam: December 17, 2008 Part of Body: Right Knee

Subjective: Tiffany is slowly improving. Her swelling is much better and she is now taking much less Norco.

Objective: On physical examination no effusion of her knee, good range of motion. Gait pattern is normal.

ASSESSMENT: Continued improvement following arthroscopy with partial lateral meniscectomy. Tiffany is now 3 months following surgery.

PLAN: Return to regular work after the first of the year. Continue a home exercise program. She is currently moving to a new residence in Stockton, and will have her own personal workout equipment. Follow-up in the office in one month.

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 12-18-08.

Gary T. Murata, M.D. / jaq