

A

Alpine Orthopaedic Medical Group, Inc.
ORTHOPAEDIC SURGERY

PETER B. SALAMON, M.D.
EDWARD L. CAHILL, M. D.
VINCENT C. LEUNG, M.D.
GEORGE W. WESTIN, JR., M.D.
GARY T. MURATA, M.D.
STEVEN E. EAGER, M.D.

ROLAND H. WINTER, M.D.
ANH X. LE, M.D.
ALAN T. KAWAGUCHI, M.D.
GARY M. ALEGRE, M.D.
VANESSA D. BEEMAN, PA-C

2488 N. CALIFORNIA ST. STOCKTON, CA 95204 (209) 948-3333

DATE 12/17/08
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 1/5/09
 Modified work with limitations noted
 Unable to return to work until
Date: 1/5/09

WORK LIMITATION:
(✓) = partial capacity
(x) = no capacity
 Bending Reaching Lifting _____ lbs.
 Climbing Standing
 Pulling Pushing Sitting
[Signature] M.D.

John sends message to Dr. Murata that he will offer modified duty on this appointment. During Christmas.