



WORK STATUS REPORT

Date Generated: 02-25-2013 12:06:44

NAME: Last: Santillan First: Rosario Date of Exam: 02-25-2013 Case #: 156238753
Occupation: Packing DOB: 03-26-1967 DOI: 02-22-2013 12:00 Claim #:
Employer: PREMIER PERSONNEL REBOURCES Contact: MARINA PADILLA Tel.: (310)515-2632 Fax: (310)515-5317
Claims Administrator: YORK CLAIMS Tel.: (877)751-0133 Fax: (800)548-2837

DIAGNOSES

Sprain/Strain Lumbar (847.2), Muscle Spasm Back (724.8), Pain - Back (724.2)

TREATMENT

Diagnostic Tests: Radiology: Radiology tests were ordered. All radiology studies sent to Radiologist for review and confirmation.

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input checked="" type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> (3) times / week for	<input type="checkbox"/> (2) weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

Medications: Medications were dispensed.

WORK STATUS

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 02-25-2013.

Work Restrictions:

Limited stooping and bending Limited Lift , Limited Pull and Limited Push up to 10 lbs.

Patient must wear back support.

Discussed case with ----Called Marina Padilla (310) 515-2632 -Phone busy.

In the event that your employee has restrictions and no modified work is made available, employer must keep employee off work unless, and until, such modified work is made available.

TREATING PROVIDER

Name: Narin . Phuong,P.A. Lic. #: PA14178 Signature (Original)
Specialty: Occupational Medicine Date of Exam: 02-25-2013

NEXT APPOINTMENT

Next Appointment with Phuong Narin on 02-27-2013 03:30 pm.

Executed at: US HealthWorks 2499 S. Wilmington Ave., Compton CA 90220 Ph:310 638-1113