AARON COPPELSON, M.D.
Board Certified Pain Management
Board Certified Electrodiagnostic Medicine
Board Certified Physical Medicine and Rehabilitation
An Independent Contractor of
U.S. HealthWorks Medical Group
A Dignity Health Member
2499 South Wilmington Avenue • Compton CA 90220
Phone (310) 638-1113 • Fax (310) 638-8042

BIL

August 1, 2013

York Claims
Attention Claims Examiner
PO Box 619079
Roseville CA 95661-9079

RE: SANTILLAN, ROSARIO
Claim #: TWCS-1588

Inc. #:	156-238753
D.O.I.:	02/22/13
Employer:	Premier Personnel Resources

PHYSICIAN PROGRESS REPORT

Dear Claims Examiner:

I reviewed the patient's health history as documented in the first visit and it remains unchanged.

SUBJECTIVE COMPLAINTS

The patient continues to have a low back pain, dull aching in nature. Squat, kneel, lift, push, and pull exacerbate the pain, from a 4 to a 7. Rest helps to partially relieve the pain. The patient says, today he is having a bad day as a burning 8 out of 10 pain. Standing for too long exacerbates the pain. He is unchanged from previous exams. He has the pain radiating into the buttock from the low back.

REVIEW OF SYSTEMS

A complete review of systems was performed and was all negative except for the systems as documented on the initial visit and those systems associated with the injury.

OBJECTIVE FINDINGS

General Appearance

The patient is a well-developed, well-nourished male, appearing his stated age and in no acute distress.

Vital Signs

Blood Pressure:	100/64
Pulse:	60
Respirations:	16
Temperature:	99.0

Examination of the Lumbosacral Spine

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Tenderness over the lumbar spine.

Range of Motion

		Normal
Forward flexion	20 degrees	60 degrees
Extension	20 degrees	25 degrees

	Right	Left	Normal
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Straight Leg Raising

Straight leg raise is positive in the right lower extremity.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

There is tenderness to palpation along the right SI joint. Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	Right	Left	Normal
Flexion	100 degrees	100 degrees	100 degrees
Extension	30 degrees	30 degrees	30 degrees
Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees
External rotation	50 degrees	50 degrees	50 degrees

Special Tests

Gaenslen, FABERE and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

DISCUSSION

The patient presents to me today for followup examination. The gentleman has failed physical therapy, acupuncture, Medrol Dosepak and chiropractic.

The MRI is essentially negative for any significant intraspinal pathology causing a nerve root impingement. His physical exam is more consistent with an SI joint inflammation, so I would like to move the patient forward with SI joint injection with Dr. Lipel. Hopefully, this will help mitigate the patient's residual symptoms. Lodine and Ultram will be refilled and I will maintain the patient's prophylactic restrictions, until he sees me again.

Regarding the cystic mass that was found on the MRI, he was advised to see a nonindustrial physician for this possible pathological cystic mass. He does agree to do this. He was also given the number for Department of Social Services.

DISCLOSURE

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and I have not violated Labor Code § 139.3.

Executed at Los Angeles County, California, on _____.

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fvi.JJ
D: 08/05/13
T: 08/06/13
SantillanR0801CoppelsonDS249617

U.S. HealthWorks
MEDICAL GROUP

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)
☐ *Additional pages attached*

Patient Last Santillan First Rosario DOB 3/26/67 Date of Exam: 8/01/13 Case #: 156238753

Occupation Packing SS# 620-20-3894 Date of Injury 2/22/13 Claim # TWCS-1588

Employer: PREMIER PERSONNEL RESOURC Contact: MARINA PADILLA Tel: (310) 515-2632 Fax: 310 515-5317

Claims Administrator YORK CLAIMS Tel: (877) 751-0133 Fax: 866 548-2637

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)

☐ Change in patient's condition ☐ Need for referral or consultation ☐ Info. requested by: _____
☐ Change in work status ☐ Need for surgery or hospitalization ☐ Released from Care ☐ Request for Authorization
☐ Change in treatment plan ☐ Periodic Report (45 days after last report) ☐ Other: _____

PATIENT STATUS Since the last exam, this patient's condition has:

☐ improved as expected ☐ improved, but slower than expected ☐ not improved significantly
☐ worsened ☐ reached plateau and no further improvement is expected ☐ been determined to be non-work related

SUBJECTIVE COMPLAINTS (Document and describe significant complaints)

OBJECTIVE FINDINGS (Document significant exam findings, lab, imaging, and other diagnositic testing)

DIAGNOSES (Include ICD-9 code, if possible)

TREATMENT

☐ Office Visit / Injury Treatment ☐ Start / ☐ Continue ☐ Therapy: ___ times / week for ___ weeks. ☐ Ergonomic Eval
☐ Start / ☐ Continue ☐ Chiro: ___ times / week for ___ weeks. ☐ Other _____
☐ Meds / Supplies Dispensed _____
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist.
Estimated length of treatment is now _____ weeks

WORK STATUS ☐ First Aid Case

☐ Return / ☐ Continue... to work without restrictions.
☐ Off work until (Date) _____ Estimated period of total temporary disability _____ days.
☐ Off the balance of this shift only. Then RTW on (Date) _____ to ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Return to work as of (Date) _____ with the restrictions checked below. Estimated duration of modified duty is _____ days.

( ) No work near moving machinery
( ) No / ( ) Limited use of R / L hand to _____ hrs/day
( ) No / ( ) Limited standing or walking to _____ hrs/day
( ) No / ( ) Limited overhead work to _____
( ) No / ( ) Limited stooping and bending to _____
( ) No / ( ) Limited kneeling or squatting to _____
( ) No / ( ) Limited ☐ Lift ☐ Pull ☐ Push
Up to: ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs ☐ _____ lbs
( ) No climbing

( ) Sit down job
( ) Must wear ☐ Splint ☐ Immobilizer ☐ Back support ☐ Cage
☐ Other _____
( ) Must keep _____ elevated
( ) Keep wound\bandage clean and dry
( ) Must take a _____ minute stretch break every _____ minutes from
( ) Keyboard / ( ) _____
( ) Other _____

☐ Medical status was discussed with employer representative _____

DISCHARGE STATUS

☐ Return to full duty on (Date) _____ with no limitations or restrictions. Released from care without ratable disability or need for future medical care.
☐ Patient discharged as permanent and stationary with either impairment, work restrictions and/or need for future medical care. A PR-4 to follow.
☐ **NON-INDUSTRIAL.** Patient instructed to see private physician at own expense.

PRIMARY TREATING PHYSICIAN

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code S 139.3.

Name _____ Cal. Lic # _____ Date of Exam 8/01/13
Specialty: _____ Signature _____
Executed at: USHW of California - Compton, 2499 S. Wilmington Avenue, Compton, CA 90220 Tel: (310) 638-1113

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:	YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:
☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT	☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT
DATE: _____ TIME: _____ ☐ Before / After Shift	DATE: _____ TIME: _____ ☐ Before / After Shift
PLEASE CALL IN ADVANCE IF YOU WILL BE UNABLE TO KEEP THIS APPOINTMENT.	PLEASE CALL IN ADVANCE IF YOU WILL BE UNABLE TO KEEP THIS APPOINTMENT.

AARON COPPELSON, M.D.
Board Certified Pain Management
Board Certified Electrodiagnostic Medicine
Board Certified Physical Medicine and Rehabilitation
An Independent Contractor of
U.S. HealthWorks Medical Group
A Dignity Health Member
2499 South Wilmington Avenue • Compton CA 90220
Phone (310) 638-1113 • Fax (310) 638-8042

August 1, 2013

York Claims
Attention Claims Examiner
PO Box 619079
Roseville CA 95661-9079

RE: SANTILLAN, ROSARIO
Claim #: TWCS-1588

Inc. #:	156-238753
D.O.I.:	02/22/13
Employer:	Premier Personnel Resources

PHYSICIAN PROGRESS REPORT

Dear Claims Examiner:

I reviewed the patient's health history as documented in the first visit and it remains unchanged.

SUBJECTIVE COMPLAINTS

The patient continues to have a low back pain, dull aching in nature. Squat, kneel, lift, push, and pull exacerbate the pain, from a 4 to a 7. Rest helps to partially relieve the pain. The patient says, today he is having a bad day as a burning 8 out of 10 pain. Standing for too long exacerbates the pain. He is unchanged from previous exams. He has the pain radiating into the buttock from the low back.

REVIEW OF SYSTEMS

A complete review of systems was performed and was all negative except for the systems as documented on the initial visit and those systems associated with the injury.

OBJECTIVE FINDINGS

General Appearance

The patient is a well-developed, well-nourished male, appearing his stated age and in no acute distress.

Vital Signs

Blood Pressure:	100/64
Pulse:	60
Respirations:	16
Temperature:	99.0

Examination of the Lumbosacral Spine

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Tenderness over the lumbar spine.

Range of Motion

		Normal
Forward flexion	20 degrees	60 degrees
Extension	20 degrees	25 degrees

	Right	Left	Normal
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Straight Leg Raising

Straight leg raise is positive in the right lower extremity.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

There is tenderness to palpation along the right SI joint. Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	Right	Left	Normal
Flexion	100 degrees	100 degrees	100 degrees
Extension	30 degrees	30 degrees	30 degrees
Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees
External rotation	50 degrees	50 degrees	50 degrees

Special Tests

Gaenslen, FABERE and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

Sensory Examination

Sensation is intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral lower extremities.

Motor Strength Examination

	Right	Left
Hip flexors	5/5	5/5
Hip extensors	5/5	5/5
Hip abductors	5/5	5/5
Hip adductors	5/5	5/5
Knee flexors	5/5	5/5
Knee extensors	5/5	5/5
Ankle dorsiflexors	5/5	5/5
Ankle plantar flexors	5/5	5/5
Extensor hallucis	5/5	5/5

Deep Tendon Reflex Examination

	Right	Left
Knee jerks	2+	2+
Ankle jerks	2+	2+

Vascular Examination

The dorsalis pedis and posterior tibial pulses are 2+ bilaterally. The capillary refill is less than two seconds. The toes are warm and pink with good perfusion distally.

Special Tests

Babinski sign	Negative
Hoffmann sign	Negative
Clonus	Negative

DIAGNOSTIC IMPRESSION

Lumbar muscle strain and spasm mostly from an SI joint inflammation.

DISCUSSION

The patient presents to me today for followup examination. The gentleman has failed physical therapy, acupuncture, Medrol Dosepak and chiropractic.

The MRI is essentially negative for any significant intraspinal pathology causing a nerve root impingement. His physical exam is more consistent with an SI joint inflammation, so I would like to move the patient forward with SI joint injection with Dr. Lipel. Hopefully, this will help mitigate the patient's residual symptoms. Lodine and Ultram will be refilled and I will maintain the patient's prophylactic restrictions, until he sees me again.

Regarding the cystic mass that was found on the MRI, he was advised to see a nonindustrial physician for this possible pathological cystic mass. He does agree to do this. He was also given the number for Department of Social Services.

DISCLOSURE

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and I have not violated Labor Code § 139.3.

Executed at Los Angeles County, California, on _____.

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fvi.JJ
D: 08/05/13
T: 08/06/13
SantillanR0801CoppelsonDS249617

AARON COPPELSON, M.D.
Board Certified Pain Management
Board Certified Electrodiagnostic Medicine
Board Certified Physical Medicine and Rehabilitation
An Independent Contractor of
U.S. HealthWorks Medical Group
A Dignity Health Member
2499 South Wilmington Avenue • Compton CA 90220
Phone (310) 638-1113 • Fax (310) 638-8042

BIL

August 1, 2013

York Claims
Attention Claims Examiner
PO Box 619079
Roseville CA 95661-9079

RE: SANTILLAN, ROSARIO
Claim #: TWCS-1588

Inc. #:	156-238753
D.O.I.:	02/22/13
Employer:	Premier Personnel Resources

PHYSICIAN PROGRESS REPORT

Dear Claims Examiner:

I reviewed the patient's health history as documented in the first visit and it remains unchanged.

SUBJECTIVE COMPLAINTS

The patient continues to have a low back pain, dull aching in nature. Squat, kneel, lift, push, and pull exacerbate the pain, from a 4 to a 7. Rest helps to partially relieve the pain. The patient says, today he is having a bad day as a burning 8 out of 10 pain. Standing for too long exacerbates the pain. He is unchanged from previous exams. He has the pain radiating into the buttock from the low back.

REVIEW OF SYSTEMS

A complete review of systems was performed and was all negative except for the systems as documented on the initial visit and those systems associated with the injury.

OBJECTIVE FINDINGS

General Appearance

The patient is a well-developed, well-nourished male, appearing his stated age and in no acute distress.

Vital Signs

Blood Pressure:	100/64
Pulse:	60
Respirations:	16
Temperature:	99.0

Examination of the Lumbosacral Spine

Visual Inspection

Upon visual inspection of the lumbosacral spine, thoracolumbar posture is noted to be well-preserved with no splinting.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Gait

The patient's gait pattern is normal. Heel and toe ambulation cause no increase in back pain.

Palpation

Tenderness over the lumbar spine.

Range of Motion

		Normal
Forward flexion	20 degrees	60 degrees
Extension	20 degrees	25 degrees

	Right	Left	Normal
Lateral flexion	25 degrees	25 degrees	25 degrees
Lateral rotation	45 degrees	45 degrees	45 degrees

Straight Leg Raising

Straight leg raise is positive in the right lower extremity.

Examination of the Right Hip

Gait

The patient's gait pattern is unremarkable with no limping.

Visual Inspection

The hip is well muscled with no deformity. There are no obvious masses or muscle atrophy.

Skin

No surgical or traumatic scars or burns are visible. The overlying skin is intact with no lacerations, abrasions, puncture wounds or skin breakdown. There is no ecchymosis or erythema.

Palpation

There is tenderness to palpation along the right SI joint. Palpation reveals no tender points. The greater trochanter, anterior hip joint and deep gluteal region are nontender. There is no palpable crepitus or clicking.

Range of Motion

Hip joint motion is full and equal to the opposite normal side. Passive motion ranges are equal to active motion ranges.

	Right	Left	Normal
Flexion	100 degrees	100 degrees	100 degrees
Extension	30 degrees	30 degrees	30 degrees
Abduction	40 degrees	40 degrees	40 degrees
Adduction	20 degrees	20 degrees	20 degrees
Internal rotation	40 degrees	40 degrees	40 degrees
External rotation	50 degrees	50 degrees	50 degrees

Special Tests

Gaenslen, FABERE and Patrick tests are positive in the right hip.

Neurological Examination of the Lower Extremities

DISCUSSION

The patient presents to me today for followup examination. The gentleman has failed physical therapy, acupuncture, Medrol Dosepak and chiropractic.

The MRI is essentially negative for any significant intraspinal pathology causing a nerve root impingement. His physical exam is more consistent with an SI joint inflammation, so I would like to move the patient forward with SI joint injection with Dr. Lipel. Hopefully, this will help mitigate the patient's residual symptoms. Lodine and Ultram will be refilled and I will maintain the patient's prophylactic restrictions, until he sees me again.

Regarding the cystic mass that was found on the MRI, he was advised to see a nonindustrial physician for this possible pathological cystic mass. He does agree to do this. He was also given the number for Department of Social Services.

DISCLOSURE

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and I have not violated Labor Code § 139.3.

Executed at Los Angeles County, California, on _____.

Physician Signature _____ CA Lic. #: A76120

Aaron Coppelson, M.D.

CUSHW:AC:TDY:fvi.JJ
D: 08/05/13
T: 08/06/13
SantillanR0801CoppelsonDS249617

PREMIER PERSONNEL RESOURC 151202
DOS: 8/01/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb

DATE: _____

Have you had any of the following symptoms?

☐ Headache	☐ Visual Disturbances	☐ Difficulty Speaking
☐ Difficulty with Swallowing	☐ Weakness	☐ Numbness
☐ Bowel Incontinence	☐ Bladder Incontinence	☐ Stomach Pain
☐ Heartburn	☐ Bleeding Ulcers	☐ Hemorrhoids
☐ Inflammatory Bowel Disease	☐ Irritable Bowel Disease	☐ Nausea
☐ Vomiting	☐ Chest Pain	☐ Chest Pain at Rest
☐ Chest Pain with Activity	☐ Chest Pain with Breathing	☐ Coughing
☐ Coughing Up Blood	☐ Fevers	☐ Chills
☐ Night Sweats	☐ Recent Weight Loss	☐ Recent Weight Gain

1-How would you describe your PAIN DULL ACHING SHARP STABBING (BURNING) _____

2-On the scale of 1-10 (10 being the worst pain ever) what would you rate your pain range 8

3-What makes the symptoms WORSE standing for too long.

4-What makes the symptoms BETTER decline forward.

5-Are there any Radiating or Shooting Symptoms, if yes where do the symptoms radiate: NO.

6-Are you BETTER, WORSE, or the (SAME from) the last visit

Please detail any of the above symptoms or any other new symptoms that may concern you.

BP: 100/64 Temp: 99.4 Resp: 15 Pulse: 60

Please be sure to see your primary care non-industrial physician for positive review of systems and vital signs.

PATIENT SIGNATURE: X _____ DATE: 8/1/13

INTERPRETER:
Yliana Chavez

U.S. HealthWorks
MEDICAL GROUP

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)
☐ *Additional pages attached*

Patient Last Santillan First Rosario DOB 3/26/67 Date of Exam: 8/01/13 Case #: 156238753

Occupation Packing SS# 620-20-3894 Date of Injury 2/22/13 Claim # TWCS-1588

Employer: PREMIER PERSONNEL RESOURC Contact: MARINA PADILLA Tel: (310) 515-2632 Fax: 310 515-5317

Claims Administrator YORK CLAIMS Tel: (877) 751-0133 Fax: 866 548-2637

REASON FOR SUBMITTING REPORT (Check all that apply. If any box aside from "Other" applies, this report qualifies as mandatory.)

☐ Change in patient's condition ☐ Need for referral or consultation ☐ Info. requested by: _____
☐ Change in work status ☐ Need for surgery or hospitalization ☐ Released from Care ☐ Request for Authorization
☐ Change in treatment plan ☐ Periodic Report (45 days after last report) ☐ Other: _____

PATIENT STATUS Since the last exam, this patient's condition has:

☐ improved as expected ☐ improved, but slower than expected ☐ not improved significantly
☐ worsened ☐ reached plateau and no further improvement is expected ☐ been determined to be non-work related

SUBJECTIVE COMPLAINTS (Document and describe significant complaints)

OBJECTIVE FINDINGS (Document significant exam findings, lab, imaging, and other diagnositic testing)

DIAGNOSES (Include ICD-9 code, if possible)

TREATMENT

☐ Office Visit / Injury Treatment ☐ Start / ☐ Continue ☐ Therapy: ___ times / week for ___ weeks. ☐ Ergonomic Eval
☐ Start / ☐ Continue ☐ Chiro: ___ times / week for ___ weeks. ☐ Other _____
☐ Meds / Supplies Dispensed _____
☐ Consultation / ☐ Referral ☐ Requested / ☐ Pending. Specialty _____ ☐ Work status to be determined by specialist.
Estimated length of treatment is now _____ weeks

WORK STATUS ☐ First Aid Case

☐ Return / ☐ Continue... to work without restrictions
☐ Off work until (Date) _____ Estimated period of total temporary disability _____ days.
☐ Off the balance of this shift only. Then RTW on (Date) _____ to ☐ Full / ☐ Modified duty. ☐ Re-evaluate work status before next shift.
☐ Return to work as of (Date) _____ with the following restrictions below. Estimated duration of modified duty is _____ days.

( ) No work near moving machinery
( ) No / ( ) Limited use of R / L hand to _____ hrs/day
( ) No / ( ) Limited standing or walking to _____ hrs/day
( ) No / ( ) Limited overhead work to _____
( ) No / ( ) Limited stooping and bending to _____
( ) No / ( ) Limited kneeling or squatting to _____
( ) No / ( ) Limited ☐ Lift ☐ Pull ☐ Push
Up to: ☐ 10 lbs ☐ 25 lbs ☐ 50 lbs ☐ _____ lbs
( ) No climbing

( ) Sit down job
( ) Must wear ☐ Splint ☐ Immobilizer ☐ Back support ☐ Cage ☐ Other _____
( ) Must keep _____ elevated
( ) Keep wound\bandage clean and dry
( ) Must take a _____ minute stretch break every _____ minutes from ( ) Keyboard / ( ) _____
( ) Other _____

☐ Medical status was discussed with employer representative _____

DISCHARGE STATUS

☐ Return to full duty on (Date) _____ with no limitations or restrictions. Released from care without ratable disability or need for future medical care.
☐ Patient discharged as permanent and stationary with either impairment, work restrictions and/or need for future medical care. A PR-4 to follow.
☐ **NON-INDUSTRIAL.** Patient instructed to see private physician at own expense.

PRIMARY TREATING PHYSICIAN

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code S 139.3.

Name _____ Cal. Lic # _____ Date of Exam 8/01/13
Specialty: _____ Signature _____
Executed at: **USHW of California - Compton, 2499 S. Wilmington Avenue, Compton, CA 90220 Tel: (310) 638-1113**

YOUR NEXT APPOINTMENT WITH THE DOCTOR IS ON:	YOUR NEXT APPOINTMENT FOR PHYSICAL THERAPY IS ON:
☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT	☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT
DATE: TIME: ___ ☐ Before / After Shift	DATE: _____ TIME: _____ ☐ Before / After Shift