

**Patient Name:** ORDAZ-AYALA, CHRISTINA

**Date of Injury:** 08/29/2018

**Case#:** 42268170

**Employer:** ACROBAT OUTSOURCING/SAN JOSE / SAN JOSE

Appt#	Provider	Date	Time	Apt Type	Status
1	SUM Clinic:Sunnyvale	09/05/2018	02:30 PM	Chiropractic	Appointment
2	ABRAGAN Clinic:Sunnyvale	09/06/2018	03:40 PM	Injury	Appointment

Encounter Addendum Notes



WORK STATUS REPORT

Date Generated: 08-30-2018 17:03:26

NAME: Last: ORDAZ AYALA First: CHRISTINA

Date of Exam: 08-30-2018 Case #: 042268170

Occupation: F.O.H

DOB: 12-14-1986

DOI: 08-29-2018 08:00

Claim #:

Employer: ACROBAT  
OUTSOURCING/SAN JOSE

Contact: SONNY RENDALI [OPS  
MANAGER]

Tel.: (408)627-7407

Fax:

Claims Administrator: GALLAGHER BASSETT/FIRST SCRIPT

Tel.: (866)517-6782

Fax:

**DIAGNOSES**

Strain of neck muscle, initial encounter (S16.1XXA), Contusion of neck, initial encounter (S10.93XA)

**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	(2) times / week for	(3) 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
Massage 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. Medications were prescribed.

Supplies were dispensed.

**WORK STATUS**

This is not a first aid claim. Patient is advised to continue to work without restrictions. Expected Maximum Medical Improvement (MMI) date 09-27-2018.

**Work Restrictions:**

**TREATING PROVIDER**

Name: Kayla . Spring,PA

Lic. #: 55165

Signature (Original)

Specialty: Occupational Medicine

Date of Exam: 08-30-2018

**NEXT APPOINTMENT**

Next Appointment with Abragan Roy on 09-06-2018 03:40 pm.

Executed at: US HealthWorks 1195 E. Arques Avenue, Sunnyvale CA 94085 Ph:408 773-9000

Check In Time: 04:01 pm

Check Out Time: 05:03 pm