



**This form contains your diagnosis.**

RIZVI, SAQIB SYED (M.D.)  
601 Van Ness Avenue  
San Francisco CA 94102-3200  
415-833-2000

**Patient Name:** Churchill, August

**Patient MRN:** 110004212027

**Encounter Date & Time:** 9/13/2019 11:20 AM

Please see below for this health care provider's directives and information relating to this encounter.

## **Industrial Work Status Report**

**Date of Injury:** 8/19/2019

**Claim #:**

**Next Appointment Date:** 10/2/2019

**DIAGNOSIS:** LUMBAR MUSCLE STRAIN, SUBSEQ

**Full Duty:**

The patient was evaluated and deemed able to return to work at full capacity on 9/13/2019.

**Concurrent Treatment:**

PT/OT.

This form has been electronically signed and authorized by RIZVI, SAQIB SYED (M.D.)

*This form contains your private health information that you may choose to release to another party; please review for accuracy.*