

Activity Prescription:

Key: **Occasionally** = up to 3 hrs/day; **Frequently** = up to 6 hrs/day; **Constantly** = up to 8 hours or greater per

Keep burn and dressing clean and dry.
No working near heat.
No handling of unwrapped foods.

May not grip/squeeze/

Based on the Department of Labor definitions

NEXT VISIT(S)

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Visit Date and Time:

01/25/2023 09:00 AM

Visit Type**Medical****Therapy**

Work Activity Status Report

Work:

Authorized by:

Miramar, FL 33027-3985

Phone: 415-840-9254

Fax: 213-400-8518

THIS VISIT

Visit Type: Initial

Treating Clinician: Brigitte Wolvenron, PA-C

Time in: 02:55:03 PM CST Time out: 11:13:02 PM CST

Diagnoses:

Partial thickness burn of left hand including fingers, initial encounter (T23.202A)

Medications:

- ☒ Dispensed prescription medication
☐ Dispensed over-the-counter medication
☐ Medication(s) prescribed

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employer has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:

Returning for follow-up: 2 days
 Anticipated MMI Date: 2-20-2023

Work Status:

Return to modified work/activity today
 Patient may work their entire shift

Activity Prescription:

Key: Occasionally = up to 3 hrs/day; Frequently = up to 4 hrs/day; Constantly = up to 8 hours or greater per day

Keep burn and dressing clean and dry.

No working near heat.

No handling of unwrapped foods.

May not grip/tear/insert/pinch with left upper extremity

Based on the Department of Labor definitions

NEXT VISIT(S)

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

Visit Date and Time:

01/25/2023 09:00 AM

Visit Type:

Medical ☒ Therapy ☐ Specialist ☐

Clinician:

Candy L. Eubank

Claim Number:

Work Activity Status Report

Patient: Crystal Hamilton Niang

Address: 2730 Obama Blvd LOS ANGELES
CA 90028

Home: (404) 939-3589 (H)

Work:

Last 4 Digits of SSN: xxx-xx-0724

Employer Location: The Service Companies-Lou

Address: 2900 Monarch Lakes Blvd Ste 202
Miramar, FL 33027-3965

Authorized by:

Date of Birth: 02/24/1973

Contact: Marisela DelaCruz

Role: Primary Contact

Phone: 415-940-9254

Fax: 213-402-8516

THIS VISIT

Visit Type: Initial

Time In: 08:55:00 PM CST Time Out: 11:13:02 PM CST

Treating Clinician: Brigitte Wolverton, PA-C

Diagnoses:

Partial thickness burn of left hand including fingers, initial encounter (T23.202A)

Medications:

- ☒ Dispensed prescription medication
- ☐ Dispensed over-the-counter medication
- ☐ Medication(s) prescribed

PATIENT STATUS

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Treatment Status:Returning for follow-up: 2 days
Anticipated MMI Date: 2-20-2023**Work Status:**Return to modified work/activity today
Patient may work their entire shift**Activity Prescription:**

Key: Occasionally = up to 3 hrs/day; Frequently = up to 6 hrs/day; Constantly = up to 8 hours or greater per day

May not grip/squeeze/pinch with left upper extremity