

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Work:

Authorized by:

Miramar, FL 33027-3085

Name: Primary Contact
Phone: 415-943-0254
Fax: 213-402-8516

THIS VISIT

Visit Type: Initial

Treating Clinician: Brigitte Wolverton, PA-C

Time in: 08:55:00 PM CST

Time Out: 09:13:00 PM CST

Diagnoses:

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

Medications:

- Discontinued prescription medication
- Discontinued 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 supervisor 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 4 hours of greater per day

Keep burn and dressing clean and dry.

No working near heat.

No handling of unwrapped foods.

May not participate with full 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 Specialty

Clinician:

Danielle L. Gaskins, PA-C

Claim Number:

Patient: Crystal Hamilton Niang

Address: 2730 Obama Blvd LOS ANGELES
CA 90028

Home: (404) 939-3589 (H)

Work:

Work Activity Status Report

Last 4 Digits of SSN: XXX-XX-0724

Date of Birth: 02/24/1973

Employer Location: The Service Companies-Lou

Contact: Marisela DelaCruz

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

Role: Primary Contact

Phone: 415-940-9254

Fax: 213-402-8516

Authorized by:

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

THIS VISIT

Visit Type: Initial

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

1. Light work or sedentary work

May not grip/squeeze/pinch with left upper extremity