

Claim Number:

Work Activity Status Report

Patient: Yessi Mejia

Last 4 Digits of SSN: xxx-xx-5561

Date of Birth: 04/27/1982

Address: 2361 Mission Street 104 SAN
FRANCISCO CA 94110

Employer Location: The Service Companies-All

Contact: Marisela DelaCruz

Home: +14157569025

Address: 2900 Monarch Lakes Blvd Ste 202
Miramar , FL 33027-3965Role: Primary Contact
Phone: +14159409254
Fax: 213-402-8516

Work:

Authorized by:

THIS VISIT

Visit Type: Medical Initial

Time In: 09:50:00 AM

Time Out: 11:30:11 AM

Treating Clinician: Akram Uraizee, M.D.

Diagnoses:Shoulder injury, left, initial encounter (S49.92XA)
Left shoulder strain, initial encounter (S46.912A)**Medications:**

- Dispensed prescription medication
- Dispensed over-the-counter medication
- Medication(s) prescribed
- Over-the-counter medications at Non-Prescription strength were recommended

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: 1 week
Anticipated MMI Date: 06/12/2024**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 lift up to 15 lbs constantly
May push/pull up to 15 lbs constantly
No reaching above shoulders with affected extremity(s)

Based on the Department of Labor definitions

NEXT VISIT(S)**Visit Date and Time:**

05/21/2024 02:30 PM

Visit Type:

Medical	Therapy	Specialist
<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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician:

Akram V Uraizee, MD

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.