



**KAISER PERMANENTE®**

POTH, LUKE STEPHEN (M.D.)  
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**Patient Name:** Medeiros, Christian E  
**Encounter Date:** 1/13/2025  
**Auth ID:** 314472812377.1

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

## Work Status Report

**Modified Activity (Applies to work and home)**

This patient is placed on modified activity at work and at home from 1/13/2025 through 2/10/2025.

*If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.*

**This patient's activity is modified as follows:**

\* Gripping/grasping right hand: Not at all.

This form has been electronically signed by POTH, LUKE STEPHEN (M.D.)

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

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