

Time In 10:28am
Time Out 11:25am

PHYSICIAN'S REPORT OF WORKER'S COMPENSATION INJURY

A COPY OF THIS REPORT MUST BE SENT TO THE INJURED WORKER AND THE INSURER.

1. REPORT TYPE Initial Progress Closing

EXAM DATE 6/12/2018

2. CASE INFORMATION

Date of Injury 6/11/2018 Insurer Claim #
Injured Worker Andrew Burton Insurer Name/TPA Gallagher Bassett
Social Security # 523-57-0967 Insurer Phone/Fax 866-324-5585
Date of Birth 3/10/1979 Employer Name Employer Solutions Staffing Group/Cmg

3. INITIAL VISIT (only)

a. Injured worker's description of accident/injury

b. Are your objective findings consistent with history and/or work-related mechanism of injury/illness? Yes No

4. CURRENT WORK STATUS Working Not Working

5. WORK-RELATED MEDICAL DIAGNOSIS(ES) S51.811A Laceration w/o foreign body of right forearm, init encntr

6. PLAN OF CARE

a. TREATMENT PLAN

Diagnostic tools/tests
 Procedures Wound care
 Therapy
 Medications
 Supplies
 Other

b. WORK STATUS

Able to return to full duty on
 Able to return to modified duty from 6/12/2018 to
 Unable to work from to
 Able to return to part time work on for hours per day

c. LIMITATIONS/RESTRICTIONS

No Restrictions Temporary Restrictions Permanent Restrictions
 Lifting (maximum weight in pounds) 10 lbs. Walking hours per day
 Repetitive lifting 10 lbs. Standing hours per day
 Carrying 10 lbs. Sitting hours per day
 Pushing / Pulling 10 lbs. Crawling hours per day
 Pinching / Gripping light gripping only Kneeling hours per day
 Reaching over head Squatting hours per day
 Reaching away from body Climbing hours per day
 Repetitive Motion Restrictions
 Other Keep wound bandaged while working

7. FOLLOW UP CARE AND REFERRALS - *7c. requires a notice by certified mail to insurer & patient within 3 business days. (See Instructions)

a. Return Appointment Date 6/18/2018 3:30PM
b. Referral for Treatment (specify) Evaluation (specify)
 Impairment Rating Other (specify)
Referred Provider's Name Phone #
c. Discharged for Non-Compliance* Discharged from Care for Nonmedical Reasons*

8. MAXIMUM MEDICAL IMPROVEMENT (MMI)

Injured Worker has reached MMI Date of MMI
 Injured Worker is not at MMI, but is anticipated to be at MMI in/on 2-4 weeks
 MMI date unknown at this time because

9. MAINTENANCE CARE AFTER MMI Yes No

If yes, specify care:

10. PERMANENT MEDICAL IMPAIRMENT (REQUIRED)

No permanent impairment Permanent Impairment (attached required worksheets and narrative)
 Anticipate permanent impairment Needs referral to Level II physician for impairment rating (see 7b above)

11. PHYSICIAN'S SIGNATURE  Date of Report 6/12/2018

Print Name Schubert, Monica Fanning APN License # 3544-NP Phone # (303) 292-0034