



St Paul Occupational And Environmental Medicine
205 South Wabasha St
Saint Paul, MN 55107
Dept Phone: 952-883-6999
Dept Fax: 651-293-8183
After hours contact number: Careline 1-888-880-9113

1/5/2016

REPORT OF WORKABILITY

Employee: Jerry Jr Expose
MRN: 90244350
Date of Injury: December 27, 2015
Employer: Supermom's

PRESENTING PROBLEM:

Encounter Diagnoses

Name	Primary?
<ul style="list-style-type: none">• Work related injury• Low back pain• Back contusion, right, initial encounter	Yes

PLAN:

1. Physical therapy referral completed today for 6-8 sessions to address the primary complaint.
2. Biomechanics and issues in functional restoration discussed.
3. Recheck here in 1-2 wks or sooner for increased symptoms.
4. OTC meds for pain only as needed.
5. Call/return sooner if problems.
6. Tylenol #3 (20) for pain; do not use at work
7. Flexeril 5mg (#15) for back spasm
8. Smoking cessation encouraged

1-12-2016 120

Ralph Bovard, MD, MPH
Occupational & Environmental Medicine

This form has been electronically signed by the treating provider.

Note to employee: Please promptly give a copy of this letter to your employer.
If restrictions given today, they apply at both work and home.

CC: 2 copies for employee, 1 copy to employer (if applicable), 1 copy for QRC (if applicable)