

Claim Number:

# Occupational Health Centers of Ill

544 W Dundee Road Ste A WHEELING, IL 60090  
Phone: (847) 419-6974 Fax: (847) 419-6982

Service Date: 01/10/2018

Case Date: 01/10/2018

## Physician Work Activity Status Report

Patient: Arevalo, Lea Anne M.

SSN: XXX-XX-7555

Address: 9098 W Terrace Dr Apt 4M  
NILES, IL 60714

Employer Location: Lake Region Medical-Wheeling Contact: David Schneider

Address: 140 E Hintz Rd

Role: Primary Contact

Home: (847) 757-2956

Wheeling, IL 600906044

Phone: (224) 244-2034 Ext.:

Work: Ext.:

Auth. by: Pablo Madrigal

Fax:

**This Visit:** Time In: 03:10 pm

Time Out: 04:37 pm

Visit Type: New

Treating Provider: Diana V. Faltushansky, MD

**Diagnosis:**

924.21 S90.01XA CONTUSION OF RIGHT ANKLE, INITIAL ENCOUNTER-S90.01XA

**Medications:**

- Dispensed Prescription Medication to Patient
- Dispensed Over-The-Counter Prescription
- Written Prescription given to Patient

**Patient Status:**

**Modified Activity - Returning for follow-up visit**

**Restricted Activity (In effect until next physician visit):**

- Return to work on 01/10/2018 with the following restrictions
- Should be sitting 75 % of the time
- May bend - Occasionally -- up to 3 hrs/day.
- May stand - Occasionally -- up to 3 hrs/day.
- No climbing ladders
- Patient is able to work their entire shift

Remarks: Returning for follow-up: in 2 days;LE Restrictions:Needs to sit with right leg elevated as tolerated.

**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.

**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 your appointment, please contact the clinic. Thank you for your cooperation.

**Visit Date:** Friday January 12, 2018 4:00 pm

**Provider/Facility:** Diana V. Faltushansky, MD



Date of Service: 01/10/2018  
Date of Injury: 01/10/2018

Attn: Julia Spunt  
Integer Holdings Corp  
10000 Wehrle Dr  
Clarence, NY 140312086

Dear Julia Spunt :

Your employee Lea Anne M. Arevalo received treatment for a new work related injury at our CMC - Chi Wheeling clinic on 1/10/2018.

The billings for this injury care will be sent to Hartford Insurance . Please help us provide the best care to your injured employee by filing the Employer's First Report of Injury with your carrier, if not already filed. This will ensure timely reporting and management of this workers' compensation claim.

If you have any questions or the above information is incorrect, please call our office or fax any changes to the attention of the Billing Department.

Sincerely,

---

CMC - Chi Wheeling  
Central Business Office  
630-932-4540  
630-932-4745

**TAXI | FLASH CAB**

(773) 561-1450  
 (CHICAGO)  
 Foster Ave., Chicago, IL 60656  
 Call Questions (847) 368-8916  
 FAX (847) 368-8940

**VIP TAXI**

Phoenix (602) 252-8294 (TAXI)  
 Tucson (520) 388-8294 (TAXI)  
 2710 E. Washington, Phoenix, AZ 85034



DATE 1/10/18 CAB NO. PAY ID. FARE NO.

COMPANY NAME  
 PASSENGER NAME/NUMBER  
 ADDRESS  
 ACCT. NO.  
 LOCATION NAME  
 TOWN  
 LOCATION NAME  
 TOWN

RATE	
ADJ.	
TOLLS	
WEIGHT	
WAITING TIME	
EXTRA STOPS	
OTHERS	
TIPS	
TOTAL	

1. OFFICE COPY - WHITE 2. BILLING COPY - YELLOW  
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TIME  AM  PASSENGER Lee Anne Arevalo  
 PM  PACKAGE REC'D BY

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