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Work Compensation Form WC-164 Information

Injured Worker's Name: SHIRLEY BACA
Birth Date: 07/11/1957
Date of Injury:

Referring provider:

DIAGNOSIS/PLAN

Right Medial Epicondylitis

PATIENT INSTRUCTIONS

RECOMMENDATIONS.

Patient to consider cortisone injection next visit.
Ice/heat the affected area as directed.
Avoid aggravating activities.

RESTRICTIONS

Work restrictions per occupational provider.

FOLLOW UP

Follow-up as needed.

My complete evaluation is available upon request. Please don't hesitate to call if you have any questions.

Treating provider: Craig A Davis
Date of report: February 29, 2016