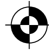
Printed from: Serif PagePlus 13,0,0,10 Copyright © 1994-2008 Serif (Europe) Ltd. All Rights Reserved
Printed on: 8/18/2013 5:48:49 PM
Publication name: Fillable work slip ppp, Page: 1



Mark C Engasser MD PA
Orthopedic Surgery

www.OrthoWeekendWarrior.com

NAME ____ TODAY'S DATE:_____________

DIAGNOSIS:____RETURN TO CLINIC DATE:_____________

TREATMENT: ____

MEDICATION:____

TOTALLY DISABLED FROM:______________________TO_____________________________

RETURN TO WORK DATE:_____________ WITH NO LIMITATIONS WITH LIMITATIONS

DURATION OF LIMITATIONS:______________________

WORK ABILITIES: _____ FULL TIME WORK _____HOURS PER DAY _____ HOURS PER WEEK

PHYSICAL RESTRICTIONS:

_____ ***SEDENTARY WORK***: OCCASIONAL LIFTING 5-10 LB, OCCASIONAL BENDING, TWISTING, LIFTING.____

_____ ***LIGHT WORK***: OCCASIONAL LIFTING 20 LB, FREQENT LIFTING 5-10 LB, OCCASIONAL BENDING, TWISTIING, LIFTING ____

_____ ***MEDIUM WORK***: OCCASIONAL LIFTING OF 50 LB, FREQUENT LIFTING 25 LB, FREQUENT BENDING, TWISTING, LIFTING ____

_____ ***HEAVY WORK***: LIFTING UP TO 100 LB, FREQUENT LIFTING OF 50LB, FREQUENT BENDING, TWISTING, LIFTING.____

RESTRICTIONS FOR SHOULDER:____

RESTRICTIONS FOR UPPER EXTREMITIES:____

RESTRICTIONS FOR LOWER EXTREMITIES:____

OTHER:____

PHYSICIAN COMMENTS:____

____

MARK C ENGASSER MD
ORTHOPEDIC SURGEON

Monticello Medical Group
CentraCare Health
1107 Hart Boulevard
Monticello MN 55362
(952) 920-4333

Suite 615 Southdale Office Centre
6600 France Avenue
Edina Mininesota 55435 (952) 920-4333
Fax (952) 920-6338