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Greenville, OH 45331
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**WESTERN OHIO PODIATRIC
MEDICAL CENTER, INC.**

Fax

To: Matrix Absence Mgmt From: Rachel
Attn: _____ Date: October 18, 2021
Re: C. Heaton Fax: 800-683-9548
Pages: 5 Provider: Schwartz
☐ Urgent ☐ For Review

If you receive this fax in error please notify the sender immediately and discard the information ASAP.

Oct 13 2021 12:26:37 Via Fax

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Curtis Heaton	11/1/1975	2021-08-10-0504	Whirlpool Corporation	10/13/21
Name	Date of Birth	Claim Number	Employer	Date

DOCTOR'S SUPPLEMENTARY CERTIFICATE

At this time we need additional information to support the patient's continued impairment from working beyond 9/24/2021. Please complete the certificate and fax the form to **877.850.9092** along with a copy of the patients September 24, 2021 thru PRESENT medical records. Please be sure to have this information returned no later than **October 20m 2021** to prevent a potential interruption in the patient's benefits. If you have any questions please call Natosha Tolliver at **800-866-2301, Ext. 56134.** Thank you for your assistance in expediting this request.

1. Is this extension based on a current physical examination? Yes No If yes, on what date? _____

Date Certified off Work: _____ Date of Next Office Visit: 10-27-21 Referral Information: _____

List all dates of treatment since start date of disability: 8/10, 9/10, 9/24, 10/13

2. Current Diagnosis/ICD-9: Non displaced fracture of medial cuneiform (S92.245D)

3. Please list objective findings, which support this extension of disability: Restricted range of motion Antalgic Gait

4. Please explain what symptoms you have observed which prevent this patient from working: Pain with ambulation and palpation. Restricted range of motion

5. Please describe treatment (to include surgeries) and specify medications/dosage/date prescribed: _____

***** (This area must be completed regarding the Patient's RTW.)*****Date Released to RTW: Month 11 Day 10 Year 2021

How many hours per day? _____

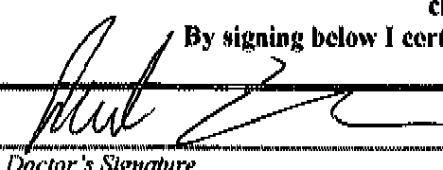
Physical Limitations/Restrictions: _____

Duration for Limitations/Restrictions/Reduced Work Schedule: _____

RTW FULL DUTY ON: 11/10/2021

Form **MUST** be signed by a Physician. "Physician" means a physician, surgeon, dentist, podiatrist, osteopathic or chiropractic practitioner, or psychologist

By signing below I certify hat the information shown above is accurate and complete.

	<u>Andrew Schwartz /DPM</u>
Doctor's Signature	Print or Type Doctor's Name / Degree
<u>Podiatry</u>	<u>415 W. Russ Road</u>
Specialty	Street Address
<u>36003809</u>	<u>Greenville OH 45331</u>
License Number	City State Zip
<u>937-548-1244</u>	<u>10/13/2021</u>
Telephone	Date
<u>937-548-8898</u>	
Fax	

If there is a charge for copying records or completing disability forms, please refer all charges to the patient as Whirlpool Corporation will not pay for this information. The patient is aware of this stipulation.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. If you are completing a medical certification relating to an employee's request for leave (1) to care for a covered family member with a serious health condition or (2) due to a serious injury or illness of a covered service member, it is acceptable to provide, in response to this request, any family medical history related to that individual in need of care.

Matrix RCVD via FAX 10/18/2021

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Podiatry Note

Heaton, Curtis D - 32338

Podiatry Visit *

Patient: Heaton, Curtis D MRN: 32338 FIN: 56532

Age: 45 years Sex: Male DOB: 11/1/1975

Associated Diagnoses: Nondisplaced fracture of medial cuneiform of left foot, subsequent encounter for fracture with routine healing; Pain in left foot

Author: Schwartz DPM, Andrew

Visit Information

Date of Service: 10/13/2021 10:16 am Performing Location: Western OH Podiatric Med Ctr Encounter#: 56532

Primary Care Provider (PCP): Schwartz DPM, Andrew NP# 1174902076

Referring Provider: REF-71 -Schwartz DPM, Andrew Z

Chief Complaint

Pain left foot

History of Present Illness

Patient presents to the office with a fracture to the medial cuneiform of the left foot. Patient states that the injury happened in a car accident.

Patient states he was feeling sick and was driving to be COVID tested and past out and hit a car and a telephone. Patient then tested positive for COVID and was unable to be seen or have any advanced imaging to the foot. Patient has been non weight bearing to the foot with the assistance of crutches. Patient seeking options at this time.

9.10

Patient returns to the office states that the pain in the foot has improved but that the foot still continues to have significant pain to the area and points to the entire midfoot area. Patient has been on crutches for 6 weeks. Patient has undergone MRI and presents for MRI results.

10.13

Patient returns to the office states that he is improving but continues to have some pain to the foot but overall continues to improve in nature. Patient with no other pedal complaints at this time.

Review of Systems

Constitutional: Negative.

Health Status

Allergies:

Allergic Reactions (Selected)

No known allergies

Medications:

Medications

No medications documented

Problem list:

All Problems

High blood pressure / SNOMED CT 64172013 / Confirmed

Histories

Past Medical History:

Active

High blood pressure (64172013)

Family History:

Heart disease

Mother

Printed by: Crist, Rachel

Printed on: 10/18/2021 9:40 AM EDT

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Podiatry Note

Heaton, Curtis D - 32338

Procedure history:

No active procedure history items have been selected or recorded.

Social History:**Electronic Cigarette/Vaping Assessment:** Denies Electronic Cigarette Use**Alcohol Assessment:** Denies Alcohol Use**Tobacco Assessment:** Denies Tobacco Use**Substance Abuse Assessment:** Denies Substance Abuse**Dermatologic Exam**

Left lower extremity: no wounds. Left lower extremity abnormalities: Eczyrosis resolved.

Vascular Exam

Arterial pulses are 2+ (easily palpable), posterior tibial, dorsalis pedis. Capillary refill is within normal limits. Edema non pitting, for the left, ankle, foot.

Neurologic Exam

Both lower extremities have normal sensation.

Musculoskeletal Exam

For the left lower extremity Pain with ROM of the foot. Pain on palpation to the 1st ray. Pain when squeezing the 1st interspace Pain with ROM of 1st and 2nd metatarsals. Pain to the lateral midfoot, Patient unable to stand on the foot due to pain.

Impression and Plan**Diagnosis**Nondisplaced fracture of medial cuneiform of left foot, subsequent encounter for fracture with routine healing (ICD10-CM S92.245D).
Pain in left foot (ICD10-CM M79.672).**Plan:** Ice, Discussed injury and suspicion for a Lis franc injury.

Immobilization: Begin slow transition to tennis shoes.

Medications: NSAIDs.

Follow-up: In 2 weeks, As needed or sooner if symptoms worsen.**Counseled:** Patient, Regarding diagnosis, Regarding treatment, All questions answered to patient's satisfaction.**Signature Line**

Signed and Authored by Andrew Schwartz DPM on 10/13/2021 12:21 PM EDT

Charted Date: October 13, 2021 10:31 AM EDT
Subject / Title: Podiatry Visit *
Performed By: Schwartz DPM, Andrew on October 13, 2021 10:32 AM EDT
Electronically Signed By: Schwartz DPM, Andrew on October 13, 2021 12:21 PM EDT
Visit Information: 56532, Western OH Podiatric Med Center, Inc., Outpatient, 10/13/2021 - 10/15/2021