

Bay Surgery Center  
6633 Telegraph Avenue, Suite B  
Oakland, Ca. 94609  
Phone (510) 841-2179  
Fax (510) 540-6998

Name: YU, JIN  
Appointment Information: Appt. @  
Date: 7/9/10  
Arrival Time: 8:00 am  
Epidural: Lumbar Epidural

710 Grand #208  
Ave  
SF CA

Procedure Location: Bay Surgery Center  
6633 Telegraph Avenue, Suite B  
Oakland, Ca. 94609

Pre-op Instructions:

Do NOT eat or drink anything after midnight for AM procedure/ Six (6) hours prior for PM Procedure. This includes gum, mints, chewing tobacco, etc.

Make sure you take all of your medications except for:

- Aspirin 7 days before surgery
- Ibuprofen (Motrin, Advil), Bextra, Vioxx, Celebrex, or Naproxen (Aleve) 2 days before.
- If you are on Coumadin/Warfin, please notify the office for further instructions.

Patients with Diabetes:

- Do not take an oral hypoglycemic the morning of your procedure.
- If you inject insulin, use half your normal dose the night before surgery and drink a glass (8 oz) of clear juice (apple or grape juice).

Please arrange for a friend or family member to take you home.

Special Instructions:

Please contact our office if you have any questions, concerns, or wish to cancel this appointment.

'10 JUN 30 AM 11:09

Jeffrey C. Yung MD A Medical Corporation  
Board Certified Physical Medicine and Rehabilitation  
Credentialed in Pain Medicine  
Board Certified Electrodiagnostic Studies  
Qualified Medical Examiner  
909 Hyde Street, Suite 210  
San Francisco, CA 94109  
415-292-3313 Fax 415-563-5561  
Tax ID: 20-5534821

PHYSICAL MEDICINE AND REHABILITATION  
WORK STATUS AND MODIFICATIONS/RESTRICTIONS REPORT

Date	JUN 30 2010	Name	Yu, Jim	Date of injury	11-07-08
Employer				Body part	
Insurance	State Comp. Ins. Fund	Adjuster	Weena P. Amor	Claim #	05381280
Work Status	<input type="radio"/> Full-time work schedule with normal work hours. No work restrictions/modifications. <input type="radio"/> Full-time work schedule with the following restrictions/ modifications (see below). <input type="radio"/> Full-time work as per primary treating physician final report. <input type="radio"/> Part-time work schedule: ( ) hours per day. ( ) days per week. <input type="radio"/> Not fit for duty. <input checked="" type="radio"/> Qualified injured worker. 6/30/10				
Modifications/Restrictions include the following:					
<input type="radio"/> No repeated lifting over	_____	pounds.	<input type="radio"/> ( No / Limited ) fingering/handling/grasping.		
<input type="radio"/> Single lifting limited to	_____	pounds.	<input type="radio"/> ( No / Limited ) bending head downwards.		
<input type="radio"/> Lifting restricted to	_____	times per hour.	<input type="radio"/> Keyboarding limited to	_____	(minutes/hours) per day.
<input type="radio"/> No lifting above (waist/shoulder/head) level.			<input type="radio"/> Sitting limited to	_____	(minutes/hours) per day.
<input type="radio"/> No raising/lowering objects to other levels.			<input type="radio"/> ( No / Limited ) carrying activity.		
<input type="radio"/> ( No / Limited ) bending/stooping.			<input type="radio"/> To take a	_____	minute break every _____ hours.
<input type="radio"/> ( No / Limited ) crouching/squatting.			<input type="radio"/> Limited to	_____	hours of work per day.
<input type="radio"/> ( No / Limited ) twisting/pushing/pulling.			<input type="radio"/> To wear a	_____	(support/brace) at work.
<input type="radio"/> ( No / Limited ) climbing/crawling.			<input type="radio"/> Alternate sit/stand at will.		
<input type="radio"/> No prolonged walking/standing.			<input type="radio"/> No prolonged sitting.		

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3.

Tues. July 27, 2010  
@ 11:15

Signature: 