Workers' Compensation Board / **Commission des accidents du travail**
200 Front Street West
Toronto ON
M5V 3J1

Physician's Report
Re-opened Claim

Claim No.	Desk No.	Alloc. No.
[redacted]	1263	825

Worker's Name: PAUL TAYLOR

Social Insurance No.: 483-591-707

Injury: NECK; BACK OF HEAD

Date of Injury: 06FEB97

To enquire, contact: M. BAIRD (416) 344-2657
For toll free number, check local directory

PAUL TAYLOR
[redacted]

Message to Physician

The worker's present disability is being related to a claim filed previously with the Board. A medical report is required before a decision can be made regarding further entitlement. Section 51 of the Workers' Compensation Act (R.S.O. 1990) authorizes you to provide the following information. Please respond to all questions in black ink or type and return the original to the Board.

1. Current Diagnosis: Low back strain — Date of Examination on which this report is based: Sept 26/1997

2. Describe in detail condition when examined: Continues to have significant pain especially with driving

3. Describe treatment: Physiotherapy

4. At time of examination could patient:
   A. Do usual work? ☒ no ☐ yes — Effective Date:
   B. Do modified work appropriate to the medical condition? ☐ no ☐ yes — Effective Date:
   C. How long will patient be disabled? ☐ 1 - 7 days ☐ 7 - 14 days ☐ 14 - 21 days ☒ more

   Note: If able to work, please advise patient to contact employer. Early rehabilitation is important. Ask your patient to co-operate fully.

5. Patient's History - what caused the recurrence? Returned to work after original injury on March 10 Gradually developed increasing pain with driving and went off work in Aug 20
   Are there any factors, not related to the original injury delaying recovery? ☒ no ☐ yes

6. Have you previously treated the patient's injury between 09APR97 and the date on which this report is based? ☐ no ☒ yes
   State treatment dates and describe the physical findings on each treatment date.
   Aug 20 — pain in extension @ 20°, flexion to 80°
   Aug 29 — flexion 25° + Ext 15° due to pain
   Sept 12 — flexion 85° Ext. 20°

7. Has patient been seen by a specialist? ☒ no ☐ yes — Date seen:
   Name and address of specialist:
   Postal Code:

Physician's name - please print: R. Sauls

Health No.: [redacted]

Address: 205-2300 Eglinton Ave. W — City/Town: Mississauga

WCB Provider Billing No.: 324082-50

Province: ON — Postal Code: L5M 2H8 — Area Code / Phone No.: 905 820-8144

Your Own Invoice No.:

Service Date (d d m m y y): 20/10/97

Fee Code: M6 4 6

Physician's Signature: R. Sauls — Date: 20/10/97

REO