

THE COMMONWEALTH OF MASSACHUSETTS

08/24/2011 12:34

Department of Industrial Accidents

RPT345EF

List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **BO**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

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Languages

Conflicts

Pages on CV Requirements

Comments

| | | | |
|-------------------------------------|---|------------------------------|------------------|
| BROWN, VASUMA K MD | 501335 | Y | BO HOLLISTON, MA |
| AN ANESTHESIOLOGY Y | PAI PAIN MANAGEMENT Y | | |
| HINDI | PAIN MANAGEMENT AND LYMPHEDEMA MANAGEMENT ACUPUNCTURE | | |
| 7 | PLEASE BRING A PHOTO ID | | |
| FELIZ, ROBERTO MD. | 501175 | Y | BO HYDE PARK, MA |
| AN ANESTHESIOLOGY Y | OT OTOLOGY N | PAI PAIN MANAGEMENT Y | |
| SPANISH FRENCH PORTUGESE | (CREOLE) PAIN MANAGEMENT | | |
| 4 | BRING PHOTO ID | | |
| GUPTA, B D MD | 500407 | Y | BO LYNNFIELD, MA |
| CD CARDIOVASCULAR DISEASES Y | IM INTERNAL MEDICINE Y | | |
| 3 | BRING PHOTO ID | | |
| HARTLEY, L HOWARD MD | 500855 | Y | BO BOSTON, MA |
| CD CARDIOVASCULAR DISEASES Y | IM INTERNAL MEDICINE Y | | |
| | COMMONWEALTH HEALT CARE SERVICE BOARD--MEMBER | | |
| 21 | BRING PHOTO ID | | |
| TODD, JAMES W MD | 500782 | Y | BO NEWTON, MA |
| CD CARDIOVASCULAR DISEASES Y | IM INTERNAL MEDICINE Y | | |
| | STROKE,CARDIOLOGY | | |
| 1 | BRING PHOTO ID | | |
| WEINRAUCH, LARRY A M.D. | 501288 | Y | BO WATERTOWN, MA |
| CD CARDIOVASCULAR DISEASES Y | IM INTERNAL MEDICINE Y | | |
| FRENCH | HYPERTENSION, CARDIOVASCULAR DISEASE | | |
| 25 | BRING PHOTO ID | | |
| ROGERS, MICHAEL H. D.C. | 501183 | Y | BO PEMBROKE, MA |
| DC CHIROPRACTIC DOCTOR Y | ORS ORTHOPEDIC SURGEON Y | | |
| 2 | BRING PHOTO ID | | |
| SWENSEN, DAVID M DC | 501150 | Y | BO MELROSE, MA |
| DC CHIROPRACTIC DOCTOR Y | ORS ORTHOPEDIC SURGEON Y | | |
| | BOSTON MEDICAL EVAL THE PHYSICIANS NETWORK INDEPENDENT MED. EXAMS | | |
| 3 | BRING POHOTO ID | | |

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| | | | |
|---|--------|---|-----------------------|
| KUCHNIR, LOUIS MD D DERMATOLOGY Y PORTUGESE FRENCH 1 PLEASE BRING PHOTO ID | 501275 | Y | BO MARLBORO, MA |
| DHANABALAN, UMA MD FP FAMILY PRACTICE Y OM OCCUPATIONAL MEDICINE Y SPEAKS TAMEL, LITTLE SPANISH & TURKISH 4 PLEASE BRING A PHOTO ID RETIRED | 501241 | Y | BO BRAINTREE, MA |
| ASERKOFF, BERNARD MD GE GASTROENTEROLOGY Y IM INTERNAL MEDICINE Y GI/LIVER 4 Please bring a photo ID to the exam | 500302 | Y | BO BOSTON, MA |
| BROOKS, DAVID MD GS GENERAL SURGERY Y 25 BRING PHOTO ID | 500222 | Y | BO BOSTON, MA |
| HOM, STANLEY MD HS HAND SURGERY Y ORS ORTHOPEDIC SURGEON Y MASS MEDICAL SERVICES IME MEDICAL CONSULTANTS NETWORK (MCN) IME SHOULDERS, ARMS & KNEES 1 PLEASE BRING PHOTO ID | 501205 | Y | BO SOUTH WEYMOUTH, MA |
| SAMPSON, CHRISTIAN E MD HS HAND SURGERY N PS PLASTIC SURGERY Y GS GENERAL SURGERY Y 8 BRING PHOTO ID | 501157 | Y | BO BOSTON, MA |
| KAUFMAN, MATTHEW R MD HEM HEMATOLOGY Y ON MEDICAL ONCOLOGY Y HEMTOLOGY 6 BRING PHOTO ID TO THE EXAM. | 500374 | Y | BO CAMBRIDGE, MA |
| WARTH, JAMES A MD HEM HEMATOLOGY Y ON MEDICAL ONCOLOGY Y FRENCH FRENCH 9 PLEASE BRING PHOTO ID | 500346 | Y | BO JAMAICA PLAIN, MA |

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Requirements

Comments

| | | | |
|---|--------------------------------------|---|-------------------|
| ALLISON, GENEVE M M.D. ID INFECTIOUS DISEASES Y | 501390 | Y | BO BOSTON, MA |
| IM INTERNAL MEDICINE Y | | | |
| 2 | PLEASE BRING A PHOTO ID TO THE EXAM. | | |
| ACHINDIBA, ROBERT A M.D. IM INTERNAL MEDICINE Y | 501419 | Y | BO FRAMINGHAM, MA |
| GER GERIATRICS Y | | | |
| 3 | Please bring a photo ID to the exam | METROWEST MEDICAL CENTER, FRAMINGHAM | |
| FRIEDMAN, MARK MD IM INTERNAL MEDICINE Y | 501203 | Y | BO CAMBRIDGE, MA |
| SPANISH | | | |
| 6 | BRING PHOTO ID | EASTERN CASUALTY INS. THE PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION BOSTON MED. EVAL MASS MEDICAL EXAMS CRAWFORD-IME CONCENTRA-IME CARDIAC DIEASE, HYPERTENSION, HEPATITIS C, LUNG DISEASE, & VASCULAR DIMENSIA | |
| KANE, MICHAEL A MD IM INTERNAL MEDICINE Y | 500797 | Y | BO CAMBRIDGE, MA |
| RHU RHEUMATOLOGY Y | | | |
| 2 | | GENERAL RHEMATOLOGY | |
| REDA, MOHAMMAD G MD IM INTERNAL MEDICINE Y | 501404 | Y | BO WALTHAM, MA |
| PUD PULMONARY DISEASES Y | | | |
| Please bring a photo ID to the exam. | | NEWTON WELLESLEY HOSPITAL | |
| ROSENMAN, STEPHEN J MD IM INTERNAL MEDICINE Y | 500429 | Y | BO MEDFIELD, MA |
| GP GENERAL PRACTICE N | | | |
| 2 | PLEASE BRING PHOTO ID | | |

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Comments

| | | | |
|--|---|---|---|
| KAUFMAN, MATTHEW R MD HEM HEMATOLOGY Y | 500374 | Y | BO CAMBRIDGE, MA IM INTERNAL MEDICINE Y |
| 6 | BRING PHOTO ID TO THE EXAM. | ON MEDICAL ONCOLOGY Y HEMTOLOGY | |
| WARTH, JAMES A MD HEM HEMATOLOGY Y | 500346 | Y | BO JAMAICA PLAIN, MA IM INTERNAL MEDICINE Y |
| 6 | PLEASE BRING PHOTO ID | FRENCH FRENCH 9 | |
| BIRKENFELD, RONALD MD NS NEUROLOGICAL SURGERY Y | 501266 | Y | BO MILTON, MA |
| 3 | bring photo id- DO NOT BOOK IS DOUG BIRKENFELD/JACQ LAW OFFICE IS ATTORNEY/FIRM (CONFLICT) | CNA INSURANCE COMPANY SPINAL SURGERY | |
| CANTU, ROBERT C MD NS NEUROLOGICAL SURGERY Y | 501026 | Y | BO CONCORD, MA |
| 4 | Bring a photo ID. | 46 | |
| DITULLIO, MICHAEL V MD NS NEUROLOGICAL SURGERY Y | 500031 | Y | BO SOUTH WEYMOUTH, MA |
| 4 | BRING PHOTO ID | | |
| DUBUISSON, DAVID MD NS NEUROLOGICAL SURGERY Y | 501314 | Y | BO DUXBURY, MA |
| 6 | PLEASE BRING A PHOTO ID | JORDAN HOSPITAL SPINE DISORDERS; CHRONIC PAIN DISORDERS | |
| BLACHMAN, PAUL M.D. N NEUROLOGY Y | 500936 | Y | BO SOUTH WEYMOUTH, MA |
| | | IM INTERNAL MEDICINE Y 2 | |
| CHERVIN, PAUL N MD N NEUROLOGY Y | 500718 | Y | BO WOBURN, MA |
| 2 | BRING A PHOTO ID | CHN CHILD NEUROLOGY Y BOSTON MED EVAL | |

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Comments

| | | | | | | |
|--|-------------------------------------|--------|---|-------------------|-----------------------|---|
| D ALTON, JOSEPH G MD N NEUROLOGY Y | | 501250 | Y | BO FRAMINGHAM, MA | | |
| 6 | PLEASE BRING A PHOT ID TO THE EXAM. | | | | | |
| ENEYNI, MAZEN MD N NEUROLOGY Y ARABIC | OS OTHER N | 501168 | Y | BO ABINGTON, MA | | |
| 5 | BRING PHOTO ID | | | | | NEURO OPHTHALMOLOGY |
| LEHRICH, JAMES R MD N NEUROLOGY Y | | 500026 | Y | BO BOSTON, MA | | |
| 12 | PLEASE BRING PHOTO ID | | | | | DISORDERS OF THE SPINE, INTERVERTEBRAL DISC, MUTIPLE SCIEROSIS |
| LEVINE, ROBERT A MD N NEUROLOGY Y | | 500765 | Y | BO BROOKLINE, MA | | |
| 10 | | | | | | OTO OTOLARYNGOLOGY N CME, MMS,AME, BME PHYSICIAN NETWORK CONCENTRA IME |
| MARK, KONRAD A MD N NEUROLOGY Y | | 501350 | Y | BO ARLINGTON, MA | LA SOUTH HAMILTON, MA | |
| 2 | Please bring a photo ID to exam. | | | | | NECK PAIN, BACK PAIN, BRAIN INJURY SEIZUERS, FIBROMYALGIA, SCIATIC NERVERS,POST TRAUNMATIC DEPRESSION,DIZZINESS, VERTIGO, REFLEX SYMPATHETIC |
| MASI, MICHELLE L MD N NEUROLOGY Y SPANISH | IM INTERNAL MEDICINE Y | 501123 | Y | BO BOSTON, MA | WO WORCESTER, MA | LA LOWELL, MA |
| 1 | BRING PHOTO ID | | | | | HEAD INJURY & STROKE ON HOLD UNTIL NOVEMBER,2011 |
| SOUMEKH, FERESHTEH MD N NEUROLOGY Y PERSIAN HEBREW | PAI PAIN MANAGEMENT Y | 501242 | Y | BO NEWTON, MA | | |
| 2 | Bring A Photo ID | | | | | PAIN MANAGEMENT, NEUROPHYSIOLOGY |

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| | | | | |
|--|--------------------------------------|--|---------------------------------------|--|
| THOMSON, DONALD J M.D. N NEUROLOGY Y | 501287 | Y | BO WALTHAM, MA | |
| 2 | BRING PHOTO ID | | | |
| TYLER, H RICHARD MD N NEUROLOGY Y | 500336 | Y | BO BROOKLINE, MA | |
| 10 | PLEASE BRING PHOTO ID | 10 | | |
| WOLPOW, EDWARD MD N NEUROLOGY Y | 500942 | Y | BO CAMBRIDGE, MA | |
| 8 | BRING PHOTO ID | | | |
| COHEN, DAVID J MD NA NEUROPATHOLOGY Y | 501366 | Y | BO MELROSE, MA | |
| 3 | PLEASE BRING A PHOTO ID TO THE EXAM. | GENERAL NEUROLOGY, NEUROPATHOLOGY | | |
| NAPARSTEK, ROBERT MD OM OCCUPATIONAL MEDICINE Y FRENCH | 501199 | Y | BO AVON, MA | |
| | | IM INTERNAL MEDICINE Y ENVIROMENTAL MEDICINE | | |
| 2 | BRING PHOTO ID | | | |
| SWOTINSKY, ROBERT B MD OM OCCUPATIONAL MEDICINE Y | 501218 | Y | WO WORCESTER, MA BO FRAMINGHAM, MA | |
| 8 | Bring a photo ID to Exam | | | |
| GOLD, EVAN B M.D. OPH OPHTHALMOLOGY Y | 501332 | Y | BO NEEDHAM, MA | |
| 1 | Please bring a photo ID | | | |
| GOODMAN, GLEN K. MD OPH OPHTHALMOLOGY Y FRENCH | 500281 | Y | WO MILFORD, MA | |
| | bring photo id | | | |

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Comments

| | | | |
|---|--------|---|---|
| ABATE, JOSEPH MD ORS ORTHOPEDIC SURGEON Y | 500045 | Y | BO MELROSE, MA BO MALDEN, MA BO EVERETT, MA |
| 1 BRING PHOTO ID | | | PETER HARNEY ATTORNEY- DR. HARNEY IN SAME PRACTICE IF PETER HARNEY IS ATTORNEY- DO NOT ASSIGN TO THIS MD- MR. HARNEY'S BRO IS IN PRACTICE THERE. SJUTRAS 2/07 |
| ACKLAND, MICHAEL K MD. ORS ORTHOPEDIC SURGEON Y | 501315 | Y | FR FALL RIVER, MA BO BOSTON, MA |
| 2 Please bring a photo ID to Exam. | | | |
| ALEMIAN, RICHARD MD ORS ORTHOPEDIC SURGEON Y | 500237 | Y | BO SOUTH WEYMOUTH, MA |
| 1 BRING PHOTO ID | | | NORTHEAST MED EVAL CONCENTRA MED EVAL |
| ANAS, PETER P MD ORS ORTHOPEDIC SURGEON Y | 501375 | Y | BO CHESTNUT HILL, MA |
| 3 Please bring a photo ID to the exam. | | | SPINE, HIP, KNEE |
| BASTA, NABIL MD ORS ORTHOPEDIC SURGEON Y FRENCH ARABIC | 501233 | Y | BO NATICK, MA |
| 4 BRING PHOTO ID | | | BP MEDICAL ASSESSMENTS CORNERSTONE MEDICAL SERVICES CMME OF NEW ENGLAND EXPERT REVIEW INC MCMC COUNTRY WIDE MEDICAL MEDICALS NETWORK INC MEDNET, INDEPENDENT MEDICAL STRATEGISTS MASS MEDICAL SERVICES US DEPT. OF LABOR-OWCP DIVISION SCOPE SPORTS MEDICINE AND JOINT REPLACEMENT |

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| | | | | | |
|--------------------------------------|-------------------------------------|----------|--|----------------|------------------|
| BERENSON, MARK MD | 501159 | Y | BO MELROSE, MA BO MALDEN, MA | BO EVERETT, MA | BO WAKEFIELD, MA |
| ORS ORTHOPEDIC SURGEON | | Y | | | |
| PLEASE BRING A PHOTO ID | | | | | |
| BIENKOWSKI, DANIEL W MD | 501095 | Y | BO STONEHAM, MA | | |
| ORS ORTHOPEDIC SURGEON | | Y | | | |
| 2 | BRING PHOTO ID | | | | |
| BULCZYNSKI, WOJCIECH MD | 501301 | Y | BO NEWTON, MA | | |
| ORS ORTHOPEDIC SURGEON, BACKS | | | | | |
| Y | | | | | |
| 4 | BRING PHOTO ID TO EXAM | | | | |
| DABUZHISKY, LEONID MD | 501357 | Y | BO SOUTH WEYMOUTH, MA | | |
| ORS ORTHOPEDIC SURGEON | | Y | | | |
| 3 | Please Bring a Photo ID to the EXAM | | SOUTH SHORE HOSPITAL JOINT REPLACEMENT, RECONSTRUCTION, SPORTS MEDICINE | | |
| DEMICHELE, JOSEPH M MD | 500360 | Y | BO LYNN, MA | | |
| ORS ORTHOPEDIC SURGEON | | Y | | | |
| ITALIAN | | | | | |
| 1 | BRING A PHOTO ID | | | | |
| ERTEL, ALAN N MD | 500331 | Y | BO ARLINGTON, MA | | |
| HS HAND SURGERY | | Y | | | |
| ORS ORTHOPEDIC SURGEON | | Y | | | |
| 4 | BRING PHOTO ID | | MASS MEDICAL SERVICES CERTIFIED MEDICAL EXAMS | | |
| FERRONE, JOSEPH D MD | 501292 | Y | BO NEWTON, MA | | |
| ORS ORTHOPEDIC SURGEON | | Y | | | |
| 6 | BRING PHOTO ID | | ADULT RECONSTRUCTIVE SURGERY | | |

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| | | | | |
|-------------------------------|-----------------------|-------------------------------|----------|--|
| GEUSS, LAWRENCE F MD | | 500268 | Y | BO NEWTON LOWER FALLS, MA |
| ORS ORTHOPEDIC SURGEON | Y | | | |
| 2 | BRING PHOTO ID | | | DR VERY ILL 10/24/08 5/12/09 DR WANTS TO DO EXAMS AGAIN. THIS VC NUMBER IS NOT VALID. PAY HIM UNDER VC6000161070. SG 6/21/11 |
| GREENBERG, RICHARD E M.D. | | 501172 | Y | BO BROCKTON, MA BO NORTH EASTON, MA |
| ORS ORTHOPEDIC SURGEON | Y | | | |
| | PLEASE BRING PHOTO ID | | | AMERICAN INDEP. MEDICALS CRAWFORD & CO. CONCENTRA MED EXAMS |
| HARRIS, SCOTT MD | | 501294 | Y | FR BOURNE, MA |
| ORS ORTHOPEDIC SURGEON | Y | | | |
| 2 | BRING PHOTO ID | | | BME GATEWAY INDEPENDENT MEDICAL EXAMS |
| HOM, STANLEY MD | | 501205 | Y | BO SOUTH WEYMOUTH, MA |
| HS HAND SURGERY | Y | ORS ORTHOPEDIC SURGEON | Y | |
| 1 | PLEASE BRING PHOTO ID | | | MASS MEDICAL SERVICES IME MEDICAL CONSULTANTS NETWORK (MCN) IME SHOULDERS, ARMS & KNEES |
| LHOWE, DAVID W MD | | 501208 | Y | BO BOSTON, MA |
| ORS ORTHOPEDIC SURGEON | Y | OS OTHER, LW XT | N | |
| 8 | BRING PHOTO ID | | | CONCENTRA MEDICAL EXAMINATIONS FRACTURES AND JOINT REPLACEMENT |

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| | | | | | |
|---|--------------------------------------|--|----------------------|-------------------|----------------|
| LYNCH, JOHN J M.D. ORS ORTHOPEDIC SURGEON Y | 501412 | Y | BO MALDEN, MA | BO EVERETT, MA | BO MELROSE, MA |
| 1 | Please bring a photo ID to the exam | MELROSE WAKEFIELD HOSPITAL WHIDDEN MEMORIAL HOSPITAL LAWRENCE MEMORIAL HOSPITAL WINCHESTER HOSPITAL DAN NAPOLITANO ESQ. (ALAN PIERCE OFFICE) | | | |
| MARTIN, HOWARD D MD ORS ORTHOPEDIC SURGEON Y | 501134 | Y | BO CHESTNUT HILL, MA | | |
| | PLEASE BRING A PHOTO ID TO THE EXAM. | NEW ENGLAND BAPTIST HOSPITAL BROCKTON HOSPITAL ST. ELIZABETH HOSPITAL LS SPINE, C SPINE, SHOULDER HIP, KNEE | | | |
| MCGLOWAN, JAMES T MD ORS ORTHOPEDIC SURGEON Y | 501369 | Y | BO WHITMAN, MA | BO DORCHESTER, MA | |
| 3 | Please bring a photo ID. | BROCKTON HOSPITAL GOOD SAMARITAIANS HOSPITAL KNEES & SHOULDERS HIP & KNEE REPACEMENT PHONE # TO SCHEDULE 781-618-1945 | | | |
| OLADIPO, OLAREWAJU MD ORS ORTHOPEDIC SURGEON Y | 501240 | Y | BO RANDOLPH, MA | | |
| 4 | BRING PHOTO ID | SPORTS MEDICINE | | | |
| OLIVER, R SCOTT MD ORS ORTHOPEDIC SURGEON Y | 501408 | Y | BO DUXBURY, MA | | |
| 2 | Please bring a photo id to the exam. | STRGLER ORTHOPEDICS | | | |

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|--|---|---|----------------------------------|---------------------------------|
| PATZ, ROBERT L M.D. ORS ORTHOPEDIC SURGEON Y SM SPORTS MEDICINE Y | 501402 | Y | BO MILTON, MA | BO NORWOOD, MA |
| 3 PLEASE BRING A PHOTO ID TO THE EXAM. | NEW ENGLAND BAPTIST MILTON HOSPITAL CARITAS NORWOOD HOSPITAL SHOULDERS AND KNEES | | | |
| PENNELL, ROBERT R MD ORS ORTHOPEDIC SURGEON Y SPANISH | 501009 | Y | BO EAST LYNN, MA | |
| PLEASE BRING PHOTO ID | SPANISH | | | |
| POLIVY, KENNETH D MD ORS ORTHOPEDIC SURGEON Y | 501078 | Y | BO WELLESLEY, MA | BO NEWTON LOWER FALLS, MA |
| 4 Please bring a photo ID to the exam. | | | | |
| QUINN, DANIEL J MD ORS ORTHOPEDIC SURGEON Y | 501255 | Y | BO NEWTON, MA | |
| 1 BRING PHOTO ID | | | | |
| SAPERSTEIN, JOEL A MD ORS ORTHOPEDIC SURGEON Y | 500061 | Y | BO CHELSEA, MA BO EVERETT, MA | BO MELROSE, MA BO MALDEN, MA |
| | DR HARNEY IS ATTORNEY HARNEY'S BRO- CONFLICT DR WALSH DO NOT ASSIGN THIS MD IF PETER HARNEY IS ATTORNY- CONFLICT HIS BRO WORKS IN THE SAME PRACTICE. SJUTRAS 2.07 | | | |
| SHEA, WILLIAM D MD ORS ORTHOPEDIC SURGEON Y | 501167 | Y | BO CHESTNUT HILL, MA | |
| 5 BRING PHOTO ID | MEDICAL EVAL SPECIALISTS | | | |
| SKOFF, HILLEL MD ORS ORTHOPEDIC SURGEON Y HEBREW | 500950 | Y | BO BROOKLINE, MA | HS HAND SURGERY Y |
| 9 BRING PHOTO ID | UP XT UPPER EXTREMITY N | | | |

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| | | | | |
|---|---|---|---|------------------------------------|
| WALSH, WILLIAM MD ORS ORTHOPEDIC SURGEON | Y | 501222 | Y | BO WINCHESTER, MA |
| 1 | BRING PHOTO ID | HIP/KNEE/SHOULDER | | |
| WHITELAW, GEORGE P. M.D. ORS ORTHOPEDIC SURGEON | Y | 501176 | Y | BO RANDOLPH, MA BO MILTON, MA |
| 5 | Bring a photo ID | BOSTON MED. EVALUATION | | |
| ZILBERFARB, JEFFREY L MD ORS ORTHOPEDIC SURGEON | Y | 501092 | Y | BO BROOKLINE, MA |
| 10 | BRING X-RAYS &PHOTO ID | UP XT UPPER EXTREMITY N BOSTON MEDICAL EVALUATION SHOULDER / SPORTS MEDICINE (NO HANDS) | | |
| BLAUSTEIN, DAVID MD PM PHYSICAL MED AND REHAB | Y | 501225 | Y | BO QUINCY, MA BO WEYMOUTH, MA |
| 3 | PLEASE BRING PHOTO ID | SPANISH BACK PAIN, CHRONIC PAIN, MUSCULOSKELETAL DISORDERS, NECK PAIN, PERIPHERAL NERVE | | |
| MARCIELLO, MICHAEL A MD PM PHYSICAL MED AND REHAB | Y | 501253 | Y | BO DEDHAM, MA |
| 4 | BRING PHOTO ID | MUSCULOSKELETAL, SPINE DISODERS, PAIN MANAGEMENT | | |
| PORTNOW, JAY MD PM PHYSICAL MED AND REHAB | Y | 501204 | Y | BO BROCKTON, MA |
| 8 | BRING PHOTO ID | BOSTON MEDICAL EVALUATION PRIZYM CCCME OF NEW ENGLAND CONCENTRA MUSCUSKELETAL INJURY, REHAB. MEDICINE | | |
| SHALNOV, ANATOLY P M.D. PM PHYSICAL MED AND REHAB | Y | 501391 | Y | BO CAMBRIDGE, MA BO EVERETT, MA |
| 1 | PLEASE BRING A PHOTO ID TO THE EXAM. | CNA MUSCULOSKELETAL PATHOLOGY, SPINE , PAIN MEDICINE | | |

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List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

| Region | Physician Name | SYS ID | PHY-Avail | Exam Location (Region City State) |
|--------|--|---|---|---|
| BO | Type Type = Primary Area of Practice (Type is Bold), Languages Pages on CV Requirements | Specialization Conflicts Comments | Y = Board Certifications or N = Principle Areas of Practice | |
| | WAGNER, ANDREA J MD PM PHYSICAL MED AND REHAB Y | 500809 | Y | BO CAMBRIDGE, MA |
| | 3 Pain Management | NORTHEAST MED EXAM CERTIFIED MEDICAL EXAMS 3 | | |
| | EHRlichman, RICHARD J M.D. PS PLASTIC SURGERY Y | 501411 | Y | BO WELLESLEY, MA |
| | 12 Please bring a photo ID to the Exam. | BETH ISRAEL DEACONESS | | |
| | FATTORE, JOHN E M.D. PS PLASTIC SURGERY, HAND Y | 501281 | Y | BO NORWOOD, MA |
| | 2 BRING PHOTO ID | CONCENTRA BME MES IME COMPANIES HANDS | | |
| | GILMAN, ROBERT H M.D. PS PLASTIC SURGERY Y | 501389 | Y | BO WELLESLEY HILLS, MA |
| | 7 PLEASE BRING A PHOTO ID TOTHE EXAM. | OTO OTOLARYNGOLOGY Y RECONSTRUCTIVE PLASTIC SURGERY | | |
| | GUO, LIFEI M.D. PS PLASTIC SURGERY Y | 501414 | Y | BO BOSTON, MA |
| | 9 Please brig aphoto ID to the exam. | BRIGHAM & WOMEN HOSPITAL HAND SURGERY, LOWERER EXT., TRAUMA | | |
| | SAMPSON, CHRISTIAN E MD HS HAND SURGERY N | 501157 | Y | BO BOSTON, MA |
| | 8 BRING PHOTO ID | PS PLASTIC SURGERY Y | GS GENERAL SURGERY Y | |
| | ETSKOVITZ, RONALD D.P.M. POD PODIATRY Y | 501343 | Y | BO WALTHAM, MA BO NEWTON, MA BO CHESTNUT HILL, MA |
| | 2 PLEASE BRING A PHOTO ID | SPORTS MED, DIABETIC CARE, PEDIATRIC | | |

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **BO**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | |
|---|--------|---|---|
| GREEN, ALAN D.P.M. POD PODIATRY Y | 501342 | Y | BO WALTHAM, MA BO CHESTNUT HILL, MA BO NEWTON, MA |
| 6 PLEASE BRING A PHOTO ID | | | FOOT SURGERY, SPORTS MED, DIABETES |
| HASS, MICHAEL I D.P.M. POD PODIATRY Y | 501338 | Y | BO CHESTNUT HILL, MA BO NEWTON, MA BO WALTHAM, MA |
| 3 Please bring a photo ID | | | PODIATRICK MEDICINE, SURGERY, SPORTS MEDICINE |
| TUBRIDY, STEPHEN D.P.M. POD PODIATRY Y | 501339 | Y | BO CHESTNUT HILL, MA BO WALTHAM, MA BO NEWTON, MA |
| 2 PLEASE BRING A PHOTO ID | | | FOOT SPECIALIST, SPORTS MED. |
| ABRAMSON, RONALD MD P PSYCHIATRY Y | 500327 | Y | BO WAYLAND, MA |
| 6 BRING A PHOTO ID | | | ADULT PSYCH. |
| BRAVERMAN, MICHAEL MD P PSYCHIATRY Y HEBREW | 500293 | Y | BO CAMBRIDGE, MA |
| 1 BRING A PHOTO ID | | | |
| GRASSIAN, STUART MD P PSYCHIATRY Y | 500257 | Y | BO CHESTNUT HILL, MA |
| 5 BRING PHOTO ID | | | OS OTHER N |
| HARTMANN, LAWRENCE MD P PSYCHIATRY Y FRENCH | 500815 | Y | BO CAMBRIDGE, MA |
| PLEASE BRING PHOTO ID | | | FRENCH 3 |
| KAHN, MICHAEL MD P PSYCHIATRY Y | 501291 | Y | BO BOSTON, MA |
| 2 BRING PHOTO ID | | | FOREST HILL IPA IME EXAMS |

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **BO**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | | |
|---|--|--|---|-------------------|
| LAND, WILLIAM B MD P PSYCHIATRY Y | | 500284 | Y | BO NEWTON, MA |
| 7 | BRING PHOTO ID | | | |
| MONDALE, JASON E MD P PSYCHIATRY Y | | 500378 | Y | BO MARBLEHEAD, MA |
| | FORENSIC PSYCH. PLEASE BRING PHOTO ID | | | |
| PRICE, LLOYD MD P PSYCHIATRY Y | CHP CHILD PSYCHIATRY | 500137 | Y | BO CONCORD, MA |
| 2 | BRING A PHOTO ID TO THE EXAM | P.A.C.T CONSULTANT COMM. MED. EVAL. CONSULT. CERTIFIED MED EXAM EXPERT REVIEW ADULT, CHILD, FORENSIC PSYCO | | |
| ROBBINS, ARNOLD MD P PSYCHIATRY Y FRENCH | | 500794 | Y | BO CAMBRIDGE, MA |
| 16 | BRING PHOTO ID | BOSTON MEDICAL CENTER ST ELIZABETHS | | |
| WEINER, ROBERT M MD P PSYCHIATRY Y | PF PSYCHIATRY FORENSIC | 500074 | Y | BO BROOKLINE, MA |
| 1 | PLEASE BRING A PHOTO ID | MCLEAN HOSPITAL FORENSIC PSYCHIATRY, PSYCHIATRY | | |
| MORRIS, THOMAS A. MD PUD PULMONARY DISEASES Y | IM INTERNAL MEDICINE | 500272 | Y | BO BROCKTON, MA |
| 7 | BRING X RAYS and A PHOTO ID | MEDICAL CONSULTANTS NETWORK INDEPENDENT MEDICAL EXAM | | |
| ZACK, MICHAEL MD IM INTERNAL MEDICINE Y | PUD PULMONARY DISEASES Y | 501361 | Y | BO MEDFORD, MA |
| 4 | PLEASE BRING A PHOTO ID | | | |

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List of Physicians with Exam Locations

Available: Y **Region:** ALL **Region Break:** Y **Type:** ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

Region BO

Physician Name

SYS ID

PHY-Avail Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV

Requirements

Comments

| | | | | | |
|-------------------------------|----------|--------|------------------------------|----------|--------------------------|
| SKOFF, HILLEL MD | | 500950 | | Y | BO BROOKLINE, MA |
| ORS ORTHOPEDIC SURGEON | Y | | UP XT UPPER EXTREMITY | N | HS HAND SURGERY Y |
| HEBREW | | | | | |

9 BRING PHOTO ID

Total Physicians for RegionBO : 104

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **FR**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | | |
|----------------------------------|------------------------------------|------------------------------|---|------------------------|
| BROWN, VASUMA K MD | | 501335 | Y | BO HOLLISTON, MA |
| AN ANESTHESIOLOGY Y | | PAI PAIN MANAGEMENT Y | | |
| HINDI | | PAIN MANAGEMENT AND | | |
| 7 | PLEASE BRING A PHOTO ID | LYMPHEDEMA MANAGEMENT | | |
| | | ACUPUNCTURE | | |
| SWIFT, JEFFREY DC | | 501244 | Y | FR MATTAPOISETT, MA |
| DC CHIROPRACTIC DOCTOR Y | | N NEUROLOGY Y | | |
| 4 | please bring a phot ID to the exam | FUTURE CARE | | |
| | | MANAGEMENT/ADMIN, | | |
| | | CONSULTING | | |
| | | BME-GATEWAY/OCASSIONAL | | |
| | | IME'S | | |
| | | CMMEOF NEW | | |
| | | ENGLAND/OCCASIONAL IME'S | | |
| | | NEUROLOGY | | |
| LEAVER, ROBERT C MD | | 501261 | Y | FR FALMOUTH, MA |
| NS NEUROLOGICAL SURGERY Y | | | | |
| 3 | BRING,XRAYS,MRI'S, CTSCANS | | | |
| | ACTUAL FILMS ONLY | | | |
| | BRING PHOTO ID | | | |
| MARK, VERNON H MD | | 501096 | Y | FR NEWPORT, RI |
| NS NEUROLOGICAL SURGERY Y | | | | |
| 6 | BRING mri's, xrays & PHOTO ID | | | |
| CORWIN, LEE I MD | | 501216 | Y | FR PLYMOUTH, MA |
| N NEUROLOGY Y | | | | |
| 5 | BRING PHOTO ID | BOSTON MEDICAL EVAL- | | |
| | | MEDFORD MA | | |
| | | MASS MEDICAL SERVICE - | | |
| | | ARLINGTON MA | | |
| LUSSIER, MARY MD | | 501169 | Y | FR EAST PROVIDENCE, RI |
| N NEUROLOGY Y | | OS OTHER N | | |
| 2 | BRING PHOTO ID | ELECTROPHYSIOLOGY | | |
| | | 1/26/06 DOCROR ON HOLD UNTIL | | |
| | | 5/15/2006 | | |

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List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

Region FR

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | | | |
|---|--------------------------------------|--|---|------------------------|---------------|
| WINKEL, STEVEN P MD IM INTERNAL MEDICINE | Y | OM OCCUPATIONAL MEDICINE | Y | FR HYANNIS, MA | |
| 5 | PLEASE BRING A PHOTO ID TO THE EXAM | CAPE COD HOSPITAL FALMOUTH HOSPITAL | | | |
| CICCARELLI, EUGENE C MD OPH OPHTHALMOLOGY | Y | | Y | FR HYANNIS, MA | |
| 4 | BRING PHOTO ID | | | | |
| ACKLAND, MICHAEL K MD. ORS ORTHOPEDIC SURGEON | Y | | Y | FR FALL RIVER, MA | BO BOSTON, MA |
| 2 | Please bring a photo ID to Exam. | | | | |
| ADELBERG, DAVID MD ORS ORTHOPEDIC SURGEON PORTUGESE | Y | SM SPORTS MEDICINE | N | FR NORTH DARTMOUTH, MA | |
| 2 | | | | | |
| BURDEN, NASON C MD ORS ORTHOPEDIC SURGEON | Y | | Y | FR TAUNTON, MA | |
| 2 | BRING PHOTO ID | DR IS CURRENTLY IN THE NURSHING HOME. | | | |
| GALVIN, THOMAS P MD ORS ORTHOPEDIC SURGEON | Y | | Y | FR FALL RIVER, MA | |
| 1 | BRING A PHOTO ID | FRACTURES,JOINT REPLACEMENTS | | | |
| GARRAHAN, WILLIAM MD ORS ORTHOPEDIC SURGEON FRENCH | Y | | Y | FR WARWICK, RI | |
| 1 | Bring a photo ID | SPORT INJURIES/JOINT REPLACEMENT | | | |
| GREEN, BRAD E D.O. ORS ORTHOPEDIC SURGEON | Y | | Y | FR FALL RIVER, MA | |
| 3 | PLEASE BRING A PHOTO ID TO THE EXAM. | CHARLTON MEMORIAL HOSPITAL JOINT REPACEMENT, HAND SURGERY | | | |

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **FR**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | |
|--|--------|---|--|
| HARRIS, SCOTT MD ORS ORTHOPEDIC SURGEON Y | 501294 | Y | FR BOURNE, MA |
| 2 BRING PHOTO ID | | | BME GATEWAY INDEPENDENT MEDICAL EXAMS |
| KATZ, JERALD W MD ORS ORTHOPEDIC SURGEON Y PDO PEDIATRIC ORTHOPEDICS N PORTUGUESE SPANISH | 501084 | Y | FR FALL RIVER, MA |
| 2 BRING XRAYS & PHOTO ID | | | |
| KREBS, ALFRED G MD ORS ORTHOPEDIC SURGEON Y | 501325 | Y | FR PLYMOUTH, MA |
| 1 PLEASE BRING A PHOTO ID | | | JORDAN HOSPITAL |
| MABIE, KEVIN N MD ORS ORTHOPEDIC SURGEON Y | 501088 | Y | FR FALL RIVER, MA |
| 2 PLEASE BRING A PHOTO ID EXAM | | | HIP, KNEES, SHOULDERS |
| MORRISSEY, KENNETH J MD ORS ORTHOPEDIC SURGEON Y | 501245 | Y | FR CRANSTON, RI |
| 1 MAKE SURE CERTIFIED INTERPRETER IF PATIENT DOES NOT SPEAK ENGLISH BRING PHOTO ID | | | |
| MURPHY, MICHAEL J MD ORS ORTHOPEDIC SURGEON Y UP XT UPPER EXTREMITY N | 501160 | Y | FR HYANNIS, MA |
| 2 Please bring a photo ID to the exam. | | | HS HAND SURGERY N CRAWFORD & COMPANY JOINT REPLACEMENT, ARTHROSCOPIC & HAND SURGERY |
| PIZZARELLO, PETER MD. ORS ORTHOPEDIC SURGEON Y | 501313 | Y | FR PROVIDENCE, RI |
| 4 Bring a photo ID to Exam. | | | BACK, NECK, HIPS, KNEES |

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **FR**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | |
|---|--------|---|--|
| SHAPIRO, GILBERT MD ORS ORTHOPEDIC SURGEON Y PORTUGESE | 500108 | Y | FR NEW BEDFORD, MA |
| 4 BRING A PHOTO ID | | | NORTHEAST MED. IMP. EXAMI BOSTON MED. IMP.EXAMI. |
| VON ERTFELDA, HARRY E MD ORS ORTHOPEDIC SURGEON Y | 501311 | Y | FR NEW BEDFORD, MA |
| 1 Please bring a photo ID | | | |
| WORTHINGTON, JAMES M M.D. ORS ORTHOPEDIC SURGEON Y | 501413 | Y | FR FALL RIVER, MA |
| 3 Please bring a photo ID to the exam. | | | CHARLTON MEMORIAL HOSPITAL HIP/KNEE |
| OCONNOR, WILLIAM E MD. OTO OTOLARYNGOLOGY Y FRENCH GERMAN | 501277 | Y | FR FALL RIVER, MA |
| 1 BRING PHOTO ID | | | HEAD, NECK,& FACIAL ,PLASTIC SURGERY WILL SUBMITT HIS E-MAIL ADDRESS 2MONTHS FROM NOW. HE ONLY HAS A PERSONAL EMAIL. 12/14/2010 |
| ANANTA, PARAKRAMA MD PM PHYSICAL MED AND REHAB Y HINDI | 501228 | Y | FR NORTH DARTMOUTH, MAFR FALL RIVER, MA |
| 3 BRING PHOTO ID | | | SPINE, MUSKULOSKELETAL |
| JOHNSON, DOUGLAS R MD PM PHYSICAL MED AND REHAB Y | 501227 | Y | FR NORTH DARTMOUTH, MAFR FALL RIVER, MA |
| 14 | | | |
| MAZUR, ANDREW MD PM PHYSICAL MED AND REHAB Y | 501229 | Y | FR FALL RIVER, MA FR NORTH DARTMOUTH, MA |
| 4 | | | |

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **FR**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | |
|--|--------------------------------------|--|---|
| MIRANI, AJIT MD PM PHYSICAL MED AND REHAB Y | 501293 | Y | FR NORTH DARTMOUTH, MA FR FALL RIVER, MA |
| 7 | BRING PHOTO ID | PHYSICAL MEDICINE | |
| RUDOLPH, MARK N M.D., C.M. P PSYCHIATRY Y | 501428 | Y | FR PLYMOUTH, MA |
| 5 | Please bring a photo ID to the exam. | | |
| WHALEY, MARC A. MD P PSYCHIATRY Y | 500075 | Y | FR CHATHAM, MA |
| | PLEASE BRING PHOTO ID | | |
| RAPOPORT, RONALD J MD RHU RHEUMATOLOGY Y | 500822 | Y | FR FALL RIVER, MA |
| 4 | PLEASE BRING A PHOTO ID | MASS MED- BOSTON MEDICAL OSTERPOROSIS | |
| MURPHY, MICHAEL J MD ORS ORTHOPEDIC SURGEON Y UP XT UPPER EXTREMITY N | 501160 | Y | FR HYANNIS, MA HS HAND SURGERY N |
| 2 | Please bring a photo ID to the exam. | CRAWFORD & COMPANY JOINT REPLACEMENT, ARTHROSCOPIC & HAND SURGERY | |

Total Physicians for RegionFR : 33

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **LA**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | | | |
|-----------------------------------|--|--|----------|------------------|-----------------------------------|
| YOUNAN, EMAD S MD | | 501378 | Y | LA PEABODY, MA | |
| AN ANESTHESIOLOGY | Y | PAI PAIN MANAGEMENT | Y | | |
| 2 | PLEASE BRING A PHOTO ID TO EXAM | UNION HOSPITAL SALEM HOSPITAL SPINE PAIN, SCIALIA, FRACTURE SPINE, SPONDYLOLESTHESES PAIN MANAGEMENT | | | |
| <hr/> | | | | | |
| WEINER, JEROLD M MD | | 500982 | Y | LA LOWELL, MA | |
| CD CARDIOVASCULAR DISEASES | Y | IM INTERNAL MEDICINE | N | | |
| 2 | BRING PHOTO ID | | | | |
| <hr/> | | | | | |
| DOORLY, TERENCE MD | | 501212 | Y | LA PEABODY, MA | |
| NS NEUROLOGICAL SURGERY | Y | | | | |
| 10 | photo id, xrays, mri/ct scans or myleograms in your possession | CONCENTRA UR PEER REVIEW, RECORD REVIEW SPERAC - IMES MEDICAL CONSULTANTS NETWORK-IMES RECORD REVIEW MASS PRO PERAC IME CONERSTONE BP MEDICAL MANAGED BENEFIT SERVICE | | | |
| <hr/> | | | | | |
| MARK, KONRAD A MD | | 501350 | Y | BO ARLINGTON, MA | LA SOUTH HAMILTON, MA |
| N NEUROLOGY | Y | | | | |
| 2 | Please bring a photo ID to exam. | NECK PAIN, BACK PAIN, BRAIN INJURY SEIZUERS, FIBROMYALGIA, SCIATIC NERVERS,POST TRAUNMATIC DEPRESSION,DIZZINESS, VERTIGO, REFLEX SYMPATHETIC | | | |
| <hr/> | | | | | |
| MASI, MICHELLE L MD | | 501123 | Y | BO BOSTON, MA | WO WORCESTER, MA LA LOWELL, MA |
| N NEUROLOGY | Y | IM INTERNAL MEDICINE | Y | | |
| 1 | BRING PHOTO ID | HEAD INJURY & STROKE ON HOLD UNTIL NOVEMBER,2011 | | | |

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **LA**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| # | Physician Name | SYS ID | PHY-Avail | Exam Location (Region City State) |
|---|---|--------|-----------|---|
| 4 | MILOSAVLJEVIC, VLADAN P M.D. N NEUROLOGY Y | 501353 | Y | LA LOWELL, MA LA LAWRENCE, MA |
| | N NEUROLOGY | N | | |
| | PLEASE BRING A PHOTO ID | | | |
| 2 | CONFORTI, VICTOR A MD ORS ORTHOPEDIC SURGEON Y | 500860 | Y | LA LOWELL, MA |
| | BRING PHOTO ID | | | MASS MEDICAL SERVICES INDEPENT MEDICAL EXAMS |
| 2 | GERMOND, PETER B MD ORS ORTHOPEDIC SURGEON Y | 501219 | Y | LA DANVERS, MA |
| | ARTHROPLASTY, SPINE,GENERAL | | | |
| 1 | GLAZIER, KENNETH J MD ORS ORTHOPEDIC SURGEON Y UP XT UPPER EXTREMITY N | 501258 | Y | LA NEWBURYPORT, MA |
| | bring ACTUAL x-rays films,mri's, bone scans or cat scans BRING PHOTO ID | | | HS HAND SURGERY N HAND, UPPER EXTERMITY,GENERAL ORTH |
| 3 | GOODMAN, MURRAY J M.D. ORS ORTHOPEDIC SURGEON, HAND Y | 501352 | Y | LA SALEM, MA |
| | | | | IME FOR BME, MES, MMS, |
| | Please bring a photo ID | | | |
| 1 | GRAF, FRANK A M.D. ORS ORTHOPEDIC SURGEON Y | 501415 | Y | LA PORTSMOUTH, NH |
| | Please bring a photo ID to the exam. | | | MAXIMUS QTC BME CROSSLAND INDEPENDENT MEDICAL EXAMS CHRONIC MUSCULOSKELETAL PAIN |
| 1 | HEWSON, JAMES S MD ORS ORTHOPEDIC SURGEON Y | 500723 | Y | LA BEVERLY, MA |
| | BRING PHOTO ID | | | |

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List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

Region LA

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization

Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV

Requirements

Comments

| | | | | | |
|----------------------------------|----------------------------------|-----------------------------|---|----------------------|---------------|
| MORLEY, DAVID C MD | | 501206 | Y | LA LOWELL, MA | |
| ORS ORTHOPEDIC SURGEON | Y | OS OTHER, JOINTS | N | | |
| 4 | BRING PHOTO ID | | | | |
| WARNOCK, RICHARD MD | | 500959 | Y | LA NORTH ANDOVER, MA | |
| ORS ORTHOPEDIC SURGEON | Y | | | | |
| 3 | BRING A PHOTO ID | | | | |
| WOLF, RALPH MD | | 501209 | Y | LA NASHUA, NH | |
| ORS ORTHOPEDIC SURGEON | Y | | | | |
| 1 | BRING PHOTO ID | | | | |
| HEMANI, SADRU B MD | | 500804 | Y | LA NEWBURYPORT, MA | |
| OTO OTOLARYNGOLOGY | Y | A ALLERGY | N | | |
| 1 | BRING PHOTO ID | | | | |
| VAISMAN, JULIEN M.D. | | 501384 | Y | LA PEABODY, MA | |
| PAI PAIN MANAGEMENT | Y | IM INTERNAL MEDICINE | Y | | |
| FRENCH HEBREW | | NORTH SHORE MEDICAL | | | |
| 4 | PLEASE BRING A PHOTO ID TO EXAM. | | | | |
| | | CENTER | | | |
| | | CHRONIC PAIN, NEUROPATHIC | | | |
| | | PAIN | | | |
| CARANDANG, ELIZARDO MD | | 500989 | Y | LA LAWRENCE, MA | LA LOWELL, MA |
| PM PHYSICAL MED AND REHAB | Y | | | | |
| 5 | BRING A PHOTO ID | | | | |
| | | NEURO-OPHTHALMOLOGY. NO | | | |
| | | BRAIN INJURIES. | | | |
| MASTERSON, SCOTT MD | | 500990 | Y | LA LAWRENCE, MA | |
| PM PHYSICAL MED AND REHAB | Y | | | | |
| 5 | BRING A PHOTO ID | | | | |
| | | NO BRAIN INJURIES. | | | |
| THIELHELM, PHILIP MD | | 500812 | Y | LA SALEM, MA | |
| PUD PULMONARY DISEASES | Y | CCM CRITICAL CARE MEDICINE | Y | IM INTERNAL MEDICINE | Y |
| | | 2 | | | |
| | BRING A PHOTO ID | | | | |

THE COMMONWEALTH OF MASSACHUSETTS

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Department of Industrial Accidents

RPT345EF

List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

Region LA

Physician Name

SYS ID

PHY-Avail Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

GLAZIER, KENNETH J MD

501258

Y LA NEWBURYPORT, MA

ORS ORTHOPEDIC SURGEON Y

UP XT UPPER EXTREMITY N

HS HAND SURGERY N

1
bring ACTUAL x-rays films,mri's, bone scans or cat scans
BRING PHOTO ID
HAND, UPPER
EXTERMITY,GENERAL ORTH

Total Physicians for RegionLA : 21

THE COMMONWEALTH OF MASSACHUSETTS

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Department of Industrial Accidents

RPT345EF

List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **SP**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV

Requirements

Comments

| | | | | | | |
|---|------------------------------|-----|--|--------|---|---|
| HYLEMON, MICHAEL D DC DC CHIROPRACTIC DOCTOR | Y | ORS | ORTHOPEDIC SURGEON CIGNA-WIFE INHSE COUNSEL LEE PARIS GROUP | 501121 | Y | SP SOUTH HADLEY, MA |
| 2 | BRING PHOTO ID | | | | | |
| SWIGGARD, WILLIAM J MD ID INFECTIOUS DISEASES | Y | | COOLEY DICKINSON HOSPITAL HIV MEDICINE, WOUNDED CARE | 501381 | Y | SP NORTHAMPTON, MA |
| 4 | PLEASE BRING A PHOTO ID | | | | | |
| BERKENWALD, ALAN MD IM INTERNAL MEDICINE | Y | | | 501296 | Y | SP LEEDS, MA |
| 3 | BRING A PHOTO ID TO THE EXAM | | | | | |
| LING, ALICE M.D. IM INTERNAL MEDICINE | Y | | | 501329 | Y | SP LANESBORO, MA |
| 2 | | | | | | |
| BRENDLER, SAMUEL J MD NS NEUROLOGICAL SURGERY | Y | | FRENCH GERMAN | 500165 | Y | SP HOLYOKE, MA |
| 2 | BRING X-RAYS & PHOTO ID | | | | | |
| DASCO, DEMOSTHENES MD NS NEUROLOGICAL SURGERY | Y | | GREEK | 500943 | Y | SP SPRINGFIELD, MA |
| | BRING X-RAYS | 5 | | | | |
| ALIOTTA, ARMAND M.D. N NEUROLOGY | Y | | ITALIAN | 500937 | Y | SP WESTFIELD, MA |
| | BRING X-RAYS& PHOTO ID | | ITALIAN 2 HAS NO PERSONAL EMAIL; CAN'T USE HOSPITAL'S FOR OWN IMP. | | | |
| KERESHI, STJEPAN MD N NEUROLOGY | Y | | | 501344 | Y | SP WARE, MA WO WORCESTER, MA WO SOUTHBRIDGE, MA |
| 3 | PLEASE BRING A PHOTO ID | | | | | |

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Department of Industrial Accidents

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List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

Region SP

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV

Requirements

Comments

| | | | |
|---|--------------------------------------|---|--------------------|
| SORRELL, MICHAEL R N NEUROLOGY Y | 501201 | Y | SP SPRINGFIELD, MA |
| 5 | BRING X RAYS And A Photo ID | MYOFASCIAL PAIN | |
| ADAMO, PHILIP MD OM OCCUPATIONAL MEDICINE Y IM INTERNAL MEDICINE Y | 501306 | Y | SP PITTSFIELD, MA |
| 5 | Please bring photo ID | | |
| BERGER, ROBERT M MD OPH OPHTHALMOLOGY Y | 501270 | Y | SP SPRINGFIELD, MA |
| 1 | BRING PHOTO ID | | |
| HENDERSON, PAMELA R MD. OPH OPHTHALMOLOGY Y SPANISH | 501279 | Y | SP SPRINGFIELD, MA |
| 3 | bring photo id | | |
| SEEFELD, WILLIAM C MD OPH OPHTHALMOLOGY Y | 501271 | Y | SP SPRINGFIELD, MA |
| 2 | Bring Photo ID | PROMUTUAL GROUP INDEPENDENT MED. EXAMS | |
| SPENCER, NORMAN A MD OPH OPHTHALMOLOGY Y | 500344 | Y | SP HADLEY, MA |
| 1 | PLEASE BRING PHOTO ID | | |
| BOUTIN, PIER M.D. ORS ORTHOPEDIC SURGEON Y FRENCH SPANISH | 501403 | Y | SP LENOX, MA |
| 4 | Please bring a photo ID to the exam. | | |
| BULLOCK, ALAN MD ORS ORTHOPEDIC SURGEON Y | 500875 | Y | SP SPRINGFIELD, MA |
| 2 | BRING X-RAYS AND A PHOTO ID | | |

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

Region **SP**

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | | | |
|--|---|---|---|--------------------|-------------------------------------|
| CORSETTI, JOHN R MD ORS ORTHOPEDIC SURGEON | Y | 501237 | Y | SP SPRINGFIELD, MA | |
| 1 | BRING PHOTO ID | SHOULDER, KNEES, SPORTS MEDICINE | | | |
| COWAN, ROBERT S MD ORS ORTHOPEDIC SURGEON | Y | 501312 | Y | SP SPRINGFIELD, MA | |
| 5 | Bring a photo ID | ERI RECORD REVIEV | | | |
| GLASS, MACELLIS MD ORS ORTHOPEDIC SURGEON | Y | 500931 | Y | SP STRATFORD, CT | |
| 1 | Bring a photo ID | FOOT | | | |
| KENNY, CHARLES H ORS ORTHOPEDIC SURGEON | Y | 501307 | Y | WO WORCESTER, MA | SP GREAT BARRINGTON, MASP LENOX, MA |
| 1 | PLEASE BRING A PHOTO ID ,XRAYS & MRI | | | | |
| LINSON, MARC MD ORS ORTHOPEDIC SURGEON | Y | 500952 | Y | SP SPRINGFIELD, MA | |
| 4 | BRING X-RAYS AND PHOTO ID | NECKS & BACKS ONLY | | | |
| SILVER, STEVEN A MD ORS ORTHOPEDIC SURGEON | Y | 501372 | Y | WO WORCESTER, MA | SP SPRINGFIELD, MA |
| 4 | PLEASE BRING A PHOTO ID TO THE EXAM. | BAYSTATE MEDICAL CENTER MASS MED QUALITY MEDICAL CORNERSTONE MED. EVALUATIONS BP MEDICAL MEDICA NETWORK | | | |
| WIENEKE, KUHRT MD ORS ORTHOPEDIC SURGEON | Y | 500260 | Y | SP NORTH ADAMS, MA | |
| 2 | BRING X-RAYS & a Photo ID | | | | |

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List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

Region SP

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV

Requirements

Comments

| | | | |
|---|---|---|----------------------------------|
| OSOFSKY, ROBERT H M.D. OTO OTOLARYNGOLOGY Y | 501327 | Y | SP SPRINGFIELD, MA |
| 2 | SPRINGFIELD | | Please bring a photo ID |
| FIELD, LAWRENCE HENRY MD PM PHYSICAL MED AND REHAB Y SPANISH | 500913 | Y | SP SPRINGFIELD, MA |
| 2 | ORTHOPEDIC MEDICINE | | PLEASE BRING PHOTO ID |
| GODEREZ, BRUCE I MD P PSYCHIATRY Y SPANISH | 500436 | Y | SP HADLEY, MA |
| 2 | | | BRING A PHOTO ID |
| JAFFE, KENNETH MD P PSYCHIATRY Y | 500757 | Y | SP HOLYOKE, MA |
| 6 | | | PLEASE BRING PHOTO ID |
| COPPOLA, MICHAEL P MD PUD PULMONARY DISEASES Y IM INTERNAL MEDICINE Y | 501190 | Y | SP SPRINGFIELD, MA |
| 5 | | | PLEASE BRING PHOTO ID |
| SONN, DONALD J M.D. U UROLOGICAL SURGERY Y | 501386 | Y | SP SPRINGFIELD, MA |
| 2 | MERCY MEDICAL CENTER COOLEY DICKINSON HOSPITAL CANCER, STONE DISEASE, ERECTILE DYSFUNCTION | | PLEASE BRING A PHOTO ID TO EXAM. |

Total Physicians for RegionSP : 29

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

| Region | WO | Physician Name | SYS ID | PHY-Avail | Exam Location (Region City State) | | |
|---------------------------------|---|--|-----------|---|-----------------------------------|-------------------|--------------------|
| Type | Type = Primary Area of Practice (Type is Bold), Languages | Specialization | Conflicts | Y = Board Certifications or N = Principle Areas of Practice | | | |
| Pages on CV | Requirements | Comments | | | | | |
| BARASSI, JAMES P DC | | | 501346 | Y | WO LEOMINSTER, MA | | |
| DC CHIROPRACTIC DOCTOR | Y | SM SPORTS MEDICINE | Y | | | | |
| 3 | PLEASE BRING A PHOTO ID | MUSCULAR SKELETAL RELATED MTO OCCUPATIONAL SPORTS INJURY | | | | | |
| HELD, JONATHAN L MD | | | 500778 | Y | WO AYER, MA | | |
| D DERMATOLOGY | Y | | | | | | |
| 5 | BRING PHOTO ID | SPANISH | | | | | |
| DORRIS, RONALD J MD | | | 501370 | Y | WO WORCESTER, MA | | |
| IM INTERNAL MEDICINE | Y | PUD PULMONARY DISEASES | Y | | | | |
| 1 | Please bring a photo ID | ST VINCENT HOSPITAL UMASS MEMORIAL ENVIROMENTAL DISEASE, ALLERGY,RASD,REACTIVE AIRWAYS DISFUNCTION | | | | | |
| MOHOLKAR, MANOJ MD | | | 501345 | Y | WO AUBURN, MA | | |
| IM INTERNAL MEDICINE | Y | OM OCCUPATIONAL MEDICINE | Y | | | | |
| | BRING A PHOTO ID TO EXAM | | | | | | |
| KERESHI, STJEPAN MD | | | 501344 | Y | SP WARE, MA | WO WORCESTER, MA | WO SOUTHBRIDGE, MA |
| N NEUROLOGY | Y | | | | | | |
| 3 | PLEASE BRING A PHOTO ID | | | | | | |
| MASI, MICHELLE L MD | | | 501123 | Y | BO BOSTON, MA | WO WORCESTER, MA | LA LOWELL, MA |
| N NEUROLOGY | Y | IM INTERNAL MEDICINE | Y | | | | |
| 1 | BRING PHOTO ID | SPANISH HEAD INJURY & STROKE ON HOLD UNTIL NOVEMBER,2011 | | | | | |
| PHADKE, JAYANT G MD | | | 501257 | Y | WO WORCESTER, MA | | |
| N NEUROLOGY | Y | | | | | | |
| 22 | Active after 1.2.2008. . sjutras | HINDI SLEEP DISORDER MEDICINE | | | | | |
| SWOTINSKY, ROBERT B MD | | | 501218 | Y | WO WORCESTER, MA | BO FRAMINGHAM, MA | |
| OM OCCUPATIONAL MEDICINE | Y | | | | | | |
| 8 | Bring a photo ID to Exam | | | | | | |

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List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

| Region | WO | Physician Name | SYS ID | PHY-Avail | Exam Location (Region City State) |
|-------------|---|---|-----------|---|--|
| Type | Type = Primary Area of Practice (Type is Bold), Languages | Specialization | Conflicts | Y = Board Certifications or N = Principle Areas of Practice | |
| Pages on CV | Requirements | Comments | | | |
| | | TIMMONS, ROBERT M.D. OM OCCUPATIONAL MEDICINE Y | 501423 | Y | WO WORCESTER, MA WO AUBURN, MA |
| | | Please bring a photo ID to the exam. | | | |
| | | COOPER, HUGH M M.D. OPH OPHTHALMOLOGY Y | 501326 | Y | WO WEBSTER, MA |
| 6 | | Please Bring a photo ID | | | |
| | | GOODMAN, GLEN K. MD OPH OPHTHALMOLOGY Y FRENCH | 500281 | Y | WO MILFORD, MA |
| | | bring photo id | | | |
| | | AL MASRI, OSAMA A MD ORS ORTHOPEDIC SURGEON Y ARABIC | 500985 | Y | WO ATHOL, MA WO FITCHBURG, MA |
| | | ARABIC 1 PLEASE BRING A PHOTO ID TO THE EXAM | | | |
| | | DONNELLY, RUSSELL D MD ORS ORTHOPEDIC SURGEON Y | 501305 | Y | WO WORCESTER, MA |
| 2 | | Please bring a photo ID | | | ADULT RECONSTRUCTION/ TRAMA ONLY KNEES, SHOULDER & HIPS ON HOLD AS OF 7/11/2011 |
| | | GOSS, THOMAS M.D. ORS ORTHOPEDIC SURGEON Y | 501173 | Y | WO WORCESTER, MA |
| 20 | | Bring photo id | | | |
| | | HSIEH, HWA-HSIN MD ORS ORTHOPEDIC SURGEON Y | 501319 | Y | WO WORCESTER, MA |
| 1 | | Please bring a photo ID. | | | COMMONWEALTH OF MASS PUBLIC EMPLOYEE RETIRMENT ADM. COMMISSION REGIONAL MEDICAL PARCEL EXAM |

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Department of Industrial Accidents

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List of Physicians with Exam Locations

Available: **Y** Region: **ALL** Region Break: **Y** Type: **ALL**

Specialization: **ALL**

Sort: **TYPE, PHYSICIAN**

| Region | WO | Physician Name | SYS ID | PHY-Avail | Exam Location (Region City State) |
|--------|----|--|---|---|---|
| | | Type Type = Primary Area of Practice (Type is Bold), Specialization Languages | Conflicts | Y = Board Certifications or N = Principle Areas of Practice | |
| | | Pages on CV Requirements | Comments | | |
| | | KATZEN, MARSHALL MD ORS ORTHOPEDIC SURGEON Y | 500898 | Y | WO AUBURN, MA |
| | | PLEASE BRING A PHOTO ID TO THE EXAM. | HIP, KNEES, SHOULDER | | |
| | | KENNY, CHARLES H ORS ORTHOPEDIC SURGEON Y SPANISH FRENCH | 501307 | Y | WO WORCESTER, MA SP GREAT BARRINGTON, MASP LENOX, MA |
| | | 1 PLEASE BRING A PHOTO ID ,XRAYs & MRI | | | |
| | | LEWINNEK, GEORGE E M.D. ORS ORTHOPEDIC SURGEON Y | 501243 | Y | WO FITCHBURG, MA |
| | | 3 BRING PHOTO ID | SPINE | | |
| | | PENNELL, ROBERT R MD ORS ORTHOPEDIC SURGEON Y SPANISH | 501009 | Y | BO EAST LYNN, MA |
| | | PLEASE BRING PHOTO ID | SPANISH | | |
| | | SILVER, STEVEN A MD ORS ORTHOPEDIC SURGEON Y | 501372 | Y | WO WORCESTER, MA SP SPRINGFIELD, MA |
| | | 4 PLEASE BRING A PHOTO ID TO THE EXAM. | BAYSTATE MEDICAL CENTER MASS MED QUALITY MEDICAL CORNERSTONE MED. EVALUATIONS BP MEDICAL MEDICA NETWORK | | |
| | | TERRILL, ROBERT Q MD ORS ORTHOPEDIC SURGEON Y | 501347 | Y | WO WORCESTER, MA |
| | | 5 PLEASE BRING A PHOTO ID | UPPER EXTREMITY | | |
| | | BOGDASARIAN, JOHN R M.D. OTO OTOLARYNGOLOGY Y | 501331 | Y | WO FITCHBURG, MA WO AYER, MA |
| | | 4 PLEASE BRING A PHOTO ID | | | |

THE COMMONWEALTH OF MASSACHUSETTS

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RPT345EF

List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

| Region | WO | Physician Name | SYS ID | PHY-Avail | Exam Location (Region City State) |
|-------------------------|--|---|-----------|---|------------------------------------|
| Type | Type = Primary Area of Practice (Type is Bold) | Specialization | Conflicts | Y = Board Certifications or N = Principle Areas of Practice | |
| Pages on CV | Requirements | Comments | | | |
| KAPLAN, MARK S M.D. | PM PHYSICAL MED AND REHAB | Y | 501401 | Y | WO WORCESTER, MA |
| 4 | Please bring a photo ID. | UMASS MEMORIAL /MC REHABILITATION, PAIN MANAGEMENT | | | |
| MARCIELLO, MICHAEL A MD | PM PHYSICAL MED AND REHAB | Y | 501253 | Y | BO DEDHAM, MA |
| 4 | BRING PHOTO ID | MUSCULOSKELETAL, SPINE DISODERS, PAIN MANAGEMENT | | | |
| ROAF, ELIZABETH MD | PM PHYSICAL MED AND REHAB | Y | 501223 | Y | WO CLINTON, MA WO WORCESTER, MA |
| 5 | BRING PHOTO ID | IM INTERNAL MEDICINE Y UNIVERSITY DISABILITY CONSORTIUM CHART REVIEWS FOR DISABILITY REHAB MED, BACK, NECK, SPINAL CORD INJURY | | | |
| TANENBAUM, DANIEL I MD | PM PHYSICAL MED AND REHAB | Y | 500790 | Y | WO WORCESTER, MA |
| 2 | BRING A PHOTO ID TO THE EXAM. | | | | |
| CUTLER, MARK O MD | P PSYCHIATRY | Y | 500289 | Y | WO WORCESTER, MA |
| 2 | BRING PHOTO ID | | | | |
| NESTELBAUM, ZAMIR M.D. | P PSYCHIATRY | Y | 501302 | Y | WO WORCESTER, MA |
| 2 | | | | | |
| DORRIS, RONALD J MD | IM INTERNAL MEDICINE | Y | 501370 | Y | WO WORCESTER, MA |
| 1 | Please bring a photo ID | PUD PULMONARY DISEASES Y ST VINCENT HOSPITAL UMASS MEMORIAL ENVIROMENTAL DISEASE, ALLERGY,RASD,REACTIVE AIRWAYS DISFUNCTION | | | |

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List of Physicians with Exam Locations

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL

Sort: TYPE, PHYSICIAN

Region WO

Physician Name

SYS ID

PHY-Avail

Exam Location (Region City State)

Type Type = Primary Area of Practice (Type is Bold), Specialization Y = Board Certifications or N = Principle Areas of Practice

Languages

Conflicts

Pages on CV Requirements

Comments

| | | | | |
|-----------------------|--------|---|------------------|-------------------|
| STEIGMAN, DANIEL M MD | 501359 | Y | WO WORCESTER, MA | WO LEOMINSTER, MA |
|-----------------------|--------|---|------------------|-------------------|

PUD PULMONARY DISEASES Y

ST VINCENT HOSPITAL

2 PLEASE BRING A PHOTO ID TO THE EXAM

Total Physicians for RegionWO: 30

Total Physicians Printed: 217

Total Unique Physicians Printed: 196

THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

List of Physicians with Exam Locations

08/24/2011 12:34

RPT345EF

Available: Y Region: ALL Region Break: Y Type: ALL

Specialization: ALL Sort: TYPE, PHYSICIAN

| | |
|--|--------------|
| Total Available Physicians: | 196 |
| Total Non-Available Physicians: | 1,231 |
| Total Physicians: | 1,427 |