

Orders - February 20, 2024

**Little, Jamar**

EMA ID: 10010269

 PMS ID: Sex: DOB: Phone: MRN:  
 112344PAT000091334 Male 06/13/1986 (773) 397-9225 MM0000091205

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME <b>Little</b>		FIRST NAME <b>Jamar</b>	M.I. <b>D</b>	LAST NAME <b>Little</b>		FIRST NAME <b>Jamar</b>	M.I. <b>D</b>
SSN	DATE OF BIRTH <b>06/13/1986</b>	SEX <b>Male</b>	MRN <b>MM0000091205</b>	RELATIONSHIP TO PATIENT <b>Self</b>			
STREET ADDRESS <b>6529 S Eberhart Ave</b>				STREET ADDRESS <b>6529 S Eberhart Ave</b>			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY <b>Chicago</b>	STATE <b>IL</b>	ZIP CODE <b>60637</b>	EMPLOYER NAME <b>John Deere</b>	CITY <b>Chicago</b>	STATE <b>IL</b>	ZIP CODE <b>60637</b>	WORK PHONE
HOME PHONE	CELL PHONE <b>7733979225</b>			HOME PHONE			
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME <b>Jamar Little</b>	RELATIONSHIP <b>Self</b>	SUB. DOB	COMPANY NAME <b>CountyCare</b>	GRP/CONTRACT #	MEMBER ID # <b>061369088</b>		
STREET ADDRESS <b>PO Box 211592</b>				STREET ADDRESS CONTD.			
CITY <b>Eagan</b>	STATE <b>MN</b>	ZIP CODE <b>551212892</b>	EMPLOYER NAME				
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	G57.53	Tarsal tunnel syndrome, bilateral lower limbs					
Order EMG/NCV							
Primary Indication: Tarsal Tunnel Syndrome, Bilateral - G57.53 Secondary Indication: weakness Other Indication: Tarsal tunnel syndrome bilateral  Study: EMG Lower Extremities, Bilateral and NCV Lower Extremities, Bilateral  Provider: Alexander M Lawson, DPM Priority: normal							

Electronically Signed By: Alexander M Lawson, DPM, 02/20/2024 03:07 PM CST

**Alexander M Lawson, DPM (Primary Provider) (Bill Under)**

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(847) 390-7666 Work

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