

## Referral / Test Order Form

**Authorizing Provider:** Narges Najmyar PA-C  
**Signing Provider:** Narges Najmyar PA-C

**Service Provider:** REF  
Referral provider

**Phone:** (703) 738-4339  
**Fax:** (703) 642-1876

**Phone:**  
**Fax:**

**Patient Name:** OSCAR ENRIQUE GANTEAUME  
**Home Phone:** (703) 665-7259  
**Work Phone:** (703) 532-1519

**DOB:** 07/07/1969 **Age:** 47 Years  
**Sex:** M **SSN:** XXX-XX-1753  
**ID:** 308393

**Primary Ins:** UNITED HEALTHCARE-PO BOX 7  
**Group:** 901933  
**Policy:**  
**Insured ID:** 929435498

**Secondary Ins:**

**Group:**

**Policy:**

**Insured ID:**

*Narges Najmyar*

**Code**  
misc

**Description**  
Misc order

**Diagnoses**

MONITORING OF CHRONIC THERAPEUTIC  
MEDICATION(ICD-Z51.81)  
MYALGIA (MYOFASCIAL PAIN SYNDROME)(ICD-M79.1)  
LUMBOSACRAL SPONDYLOSIS WITHOUT  
MYELOPATHY(ICD-M47.817)  
OTHER INTERVERTEBRAL DISC DISPLACEMENT,  
LUMBAR REGION(ICD-M51.26)

**Order Number:** 1086347-2

**Auth#:**

**Quantity:**

1

**Start Date:**

11/8/2016

**Priority:**

Normal

**Electronically signed by:** Narges Najmyar PA-C

**Signed on:** 11/8/2016 7:23:30AM

**Instructions:**

Patient has a history of chronic low back pain. Please evaluate for a standing desk at work, given that this will alleviate his symptoms.