ORDER REQUISITION

The Orthopedic Institute at Renaissance 800 East Dove McAllen,TX 78501 (956)664-2600

MEDICAL RECORD NUMBER

00268591

VISIT NUMBER

PATIENT NAME:

GONZALEZ JR, ARMANDO

DOB: 09/26/91

ADMIT DX:

AGE: 26 Years

ADMIT DATE: **NURSING UNIT:** HGT / WT: /

ROOM/BED:

SEX: Male

ALLERGIES: No Known Medication Allergies

ORDER: MRI KNEE W/O CONTRAST RIGHT

ORDER DATE/TIME:

03/13/18 16:34 CDT

ORDERING MD:

SANDER MD, PATRICK WESLEY

ORDER ENTERED BY:

SANDER MD, PATRICK WESLEY

ORDER NUMBER:

1152080961

Requested Start Date/Time

03/13/18 16:34 CDT

Priority

Routine

Required radiology order format field

Rad Type S83.512S: Sprain of anterior cruciate ligament

Diagnosis

of left knee, sequela

Order for future visit

Yes

Special Instructions

Previous right knee ACL reconstruction. Acute re-

injury graft, menisci, collateral ligaments

Transport mode

Stretcher

Reason for exam - DCP

re-injury right knee

Stop Date/Time

03/13/18 16:34 CDT

Override Share Y/N Patient has pacemaker? No No

Pregnant

Unknown

3/14/2018 4/28/2018 AUL PHP & 102949246

Electronically signed by SANDER MD, PATRICK WESLEY on 03/13/18 16:34 CDT NPI: 1427233394

ORDER MRI KNEE W/O CONTRAST RIGHT

CM 73 721

Patient Name: Armando	Gonzale Zchart Number: Gonzal	0834
Front	Right-Side Back	Left-Side
Use the appropriate symbol to show point of pain		
Ache AAAA Burning XXXX Numbness — How did injury or pain	Pins and Needles OO Stabbing ///	000 ///// /WW
occur? Just &	(Right)	
How long have these symptoms been present? 24 Ms		
What is your pain level on a scale of a 16	~	ent
Any surgeries or treatment done for the of t	current problem?	
Patients/guature	3/14/18 Date 3/14/18	
Technologist Signature	IT TO FILL OUT ABOVE THIS SOLID LINE	
pc: px/swell nx. sprain of	ing to kt love. anterior cruciate anterior cruciate sequeix the Act recon.	ligament