

RAM

OPEN MRI

Patient Name: Gerald Hoover
 DOB: 4-26-52 Physician: Marquez
 MR#: 36452 Date: 3-5-18

() STAT () Routine Report () W/O Contrast () W/WO Contrast

Exam: MRI Lumbar

Date of Injury: _____

Type of Injury: () Fall () Lifting heavy object () Slipped () Twisted

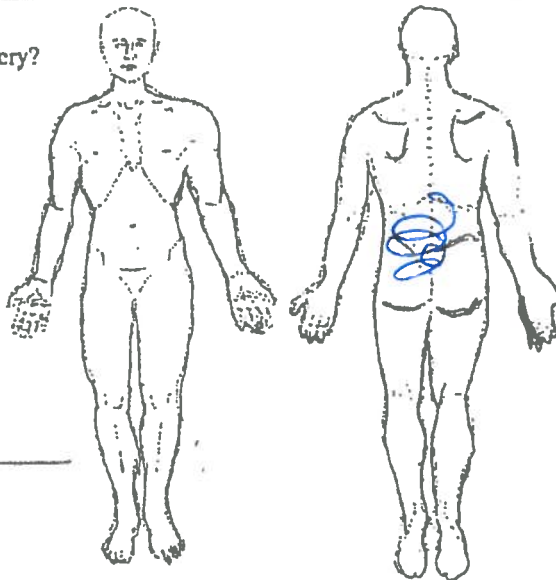
Diagnosis: Pain

Back Pain, No h+ of
trauma / injury

Have you had lumbar surgery?

Yes

No



MRI Technologist Signature

[Signature]

CERVICAL

72141 WO

72156 W/WO

LUMBAR

72148 WO

72158 W/WO

THORACIC

72146 WO

BRAIN

70551 WO

70553 W/WO

SHLD/ ELB / WRIST

73221 WO

73223 W/WO

KNEE / HIP/ ANK

73721 WO

73723 W/WO

HUM/ FOREAM/ HAND

73218 WO

73220 W/WO

HOOVER, GERALD R (id #70839, dob: 04/26/1952)

Imaging Order

02/28/2018

To Provider	From Provider
MAIN OFFICE 2402 CORNERSTONE BLVD EDINBURG, TX 78539-8462 Phone: Phone: (956) 668-0060 Fax: Fax: (956) 668-0070	DIEGO MUGICA, PA-C Main Office 2402 CORNERSTONE BLVD EDINBURG, TX 78539-8462 Phone: (956) 668-0060 Fax: (956) 668-0070

Imaging Order Information

Diagnosis	Pain in lumbar spine ICD-10: M54.5: Low back pain; M43.07: Spondylolysis, lumbosacral region; M54.32: Sciatica, left side
Order Name	Orders included: 1 Pain in lumbar spine ICD-10: M54.5: Low back pain; M43.07: Spondylolysis, lumbosacral region; M54.32: Sciatica, left side • MRI, LUMBAR SPINE, W/O CONTRAST Height (ft.): 5 ft 10 in Weight (lbs): 147
Notes	

Patient Information

Patient Name	HOOVER, GERALD R
Sex - DOB - Age	M 04/26/1952 65yo
Address	9800 N SEMINARY RD NUM 415 EDINBURG, TX 78541
Phone	H: (813) 892-5503 M: (813) 892-5503
Primary Insurance	Medicare-TX (Medicare) ID: 262663945A Policy Holder: HOOVER, GERALD R
Secondary Insurance	None recorded.

Electronically Signed by: DIEGO MUGICA, PA-C



DIEGO MUGICA, PA-C

Patient Information

Orthopedic Surgery Center

PATIENT NAME (First Name, Middle Initial, Last Name) GERALD HOOVER		PATIENT ID (Office Use Only) 36452	Day (813) 892-5503	SECOND PHONE (WORK)	THIRD PHONE (MOBILE)
ADDRESS 9800 N SIMANERY RD NUM 415		DATE OF BIRTH 04/26/1952	SOCIAL SECURITY NUMBER 262-66-3945	SEX (M or F) [X]M []F	MARITAL STATUS []Married []Single []Other
CITY, STATE, ZIP EDINBURG, TX 78541	AGE 65 yrs	EMERGENCY CONTACT PERSON		RELATIONSHIP TO PATIENT	CONTACT PHONE
EMPLOYER	OCCUPATION		PATIENT E-MAIL ADDRESS		
REFERRING DOCTOR NAME & ADDRESS					
PRIMARY CARE DOCTOR NAME & ADDRESS					

Responsible Party

RESPONSIBLE PARTY NAME (First Name, Middle Initial, Last Name) GERALD HOOVER		Day (813) 892-5503	SECOND PHONE (WORK)	THIRD PHONE (MOBILE)
ADDRESS 9800 N SIMANERY RD NUM 415		DATE OF BIRTH 04/26/1952	SOCIAL SECURITY NUMBER 262-66-3945	
CITY, STATE, ZIP EDINBURG, TX 78541		SEX (M or F) [X]M []F	PATIENT'S RELATION TO RES SELF	
EMPLOYER	OCCUPATION		RESP PARTY ID (Office Use Only) 31034	

Primary Insurance

WHO IS THE PRIMARY INSURED PARTY (CHECK ONE)

☒ Patient (same as above) ☐ Responsible Party (same as above) ☐ Other (complete below)

INSURANCE COMPANY NAME Medicare Part B Texas	COPAY AMOUNT INSURANCE	INSURED'S NAME (First Name, Middle Initial, Last Name) (Same as Patient)			
INSURANCE COMPANY ADDRESS PO BOX 890108		INSURED'S ADDRESS, CITY, STATE, ZIP			
INSURANCE COMPANY CITY, STATE, ZIP Camp Hill, PA 17089-0108		INSURED'S DATE OF BIRTH	PRIMARY PHONE (HOME)	SECONDARY PHONE (WORK/CELL)	
INSURANCE COMPANY PHONE NUMBERS (855) 252-8782		INSURED'S SOCIAL SECURITY NO.	INSURED'S SEX (M or F)	PATIENT'S RELATION TO INSURED	
INSURED'S POLICY NUMBER 266139645A	INSURED'S GROUP #	INSURED'S EMPLOYER		INSURED'S OCCUPATION	

Secondary Insurance

WHO IS THE SECONDARY INSURED PARTY (CHECK ONE)

☐ Patient (same as above) ☐ Responsible Party (same as above) ☐ Other (complete below)

INSURANCE COMPANY NAME	INSURED'S NAME (First Name, Middle Initial, Last Name)				
INSURANCE COMPANY ADDRESS	INSURED'S ADDRESS, CITY, STATE, ZIP				
INSURANCE COMPANY CITY, STATE, ZIP	INSURED'S DATE OF BIRTH	PRIMARY PHONE (HOME)	SECONDARY PHONE (WORK/CELL)		
INSURANCE COMPANY PHONE NUMBERS	INSURED'S SOCIAL SECURITY NO.	INSURED'S SEX (M or F)	PATIENT'S RELATION TO INSURED		
INSURED'S POLICY NUMBER	INSURED'S GROUP #	INSURED'S EMPLOYER		INSURED'S OCCUPATION	

Authorization and Acknowledgement

I / We hereby state that the above information is true and correct to the best of my / our knowledge. I / We authorize the above named practice to release any information acquired in the course of my treatment to my insurance company, employer, Physicians, institutions or third party payors, as required for certain claims filed.

Signature of Patient / Parent / Guardian

Printed Name

Date

I / We authorize direct payment to be made to the above named practice for any and all medical or surgical services rendered. I understand if any services or charges are not covered by my insurance carrier or my eligibility can not be verified, I am responsible for all charges incurred.

Signature of Patient / Parent / Guardian / Insured

Printed Name

Date

RAM

OPEN MRI

Patient Name: Maribel Hinojosa

DOB: 8-20-60 Physician: Marquez

MR#: 36440 Date: 3-5-18

() STAT () Routine Report ☒ W/O Contrast () W/WO Contrast

Exam: MRI Rt Knee

Date of Injury: _____

Type of Injury: () Fall () Lifting heavy object () Slipped () Twisted

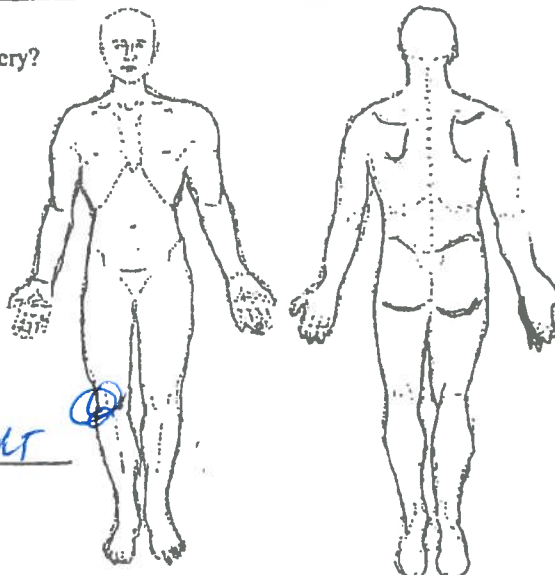
Diagnosis: Meniscal Tear

- Pt. w/ Rt knee pain x 3 mths
- No hx of injury

Have you had Rt knee surgery?

Yes

☒ No



MRI Technologist Signature

[Signature] RT

CERVICAL

72141 WO

72156 W/WO

LUMBAR

72148 WO

72158 W/WO

THORACIC

72146 WO

BRAIN

70551 WO

70553 W/WO

SHLD/ ELB / WRIST

73221 WO

73223 W/WO

KNEE / HIP/ ANK

73721 WO

73723 W/WO

HUM/ FOREAM/ HAND

73218 WO

73220 W/WO

HINOJOSA, MARIBEL (id #70597, dob: 08/20/1960)

Imaging Order

02/16/2018

To Provider	From Provider
MAIN OFFICE 2402 CORNERSTONE BLVD EDINBURG, TX 78539-8462 Phone: Phone: (956) 668-0060 Fax: Fax: (956) 668-0070	RAUL A. MARQUEZ, MD Main Office 2402 CORNERSTONE BLVD EDINBURG, TX 78539-8462 Phone: (956) 668-0060 Fax: (956) 668-0070

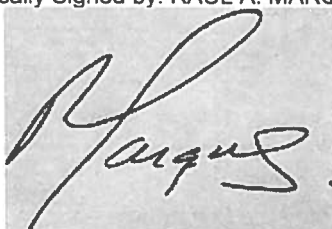
Imaging Order Information

Diagnosis	Pain in right knee ICD-10: M25.561: Pain in right knee; S83.241A: Other tear of medial meniscus, current injury, right knee, initial encounter; M17.11: Unilateral primary osteoarthritis, right knee
Order Name	Orders included: 1 Pain in right knee ICD-10: M25.561: Pain in right knee; S83.241A: Other tear of medial meniscus, current injury, right knee, initial encounter; M17.11: Unilateral primary osteoarthritis, right knee • MRI, KNEE, W/O CONTRAST TO BE PERFORMED ON OR AROUND: 02/16/2018 ORDERED: 02/16/2018 Side: RIGHT Authorization #: 1805300775
Notes	

Patient Information

Patient Name	HINOJOSA, MARIBEL
Sex - DOB - Age	F 08/20/1960 57yo
Address	644 CANALES CIR ROMA, TX 78584
Phone	H: (956) 208-7662
Primary Insurance	Molina Healthcare of TX (HMO) ID: 0004919791 Policy Holder: HINOJOSA, TEODORO
Secondary Insurance	None recorded.

Electronically Signed by: RAUL A. MARQUEZ, MD



RAUL A. MARQUEZ, MD

RAM

OPEN MRI

Patient Name: Armando Cantu

DOB: 3-29-66 Physician: Marquez

MR#: 36572 Date: 3-5-18

() STAT () Routine Report () W/O Contrast () W/O Contrast

Exam: MR RT shldr c/s

Date of Injury: _____

Type of Injury: () Fall () Lifting heavy object () Slipped () Twisted

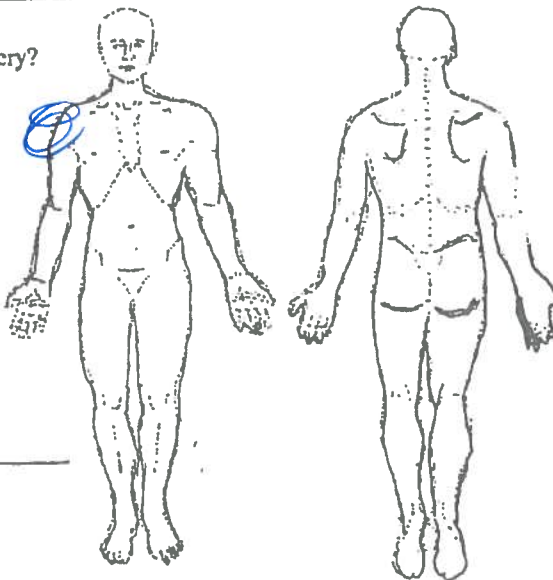
Diagnosis: Pain

- Pt cb. RT shoulder pain
20 to a fall.

Have you had RT shldr surgery?

Yes

No



MRI Technologist Signature [Signature]

CERVICAL

72141 WO

72156 W/WO

LUMBAR

72148 WO

72158 W/WO

THORACIC

72146 WO

BRAIN

70551 WO

70553 W/WO

SHLD/ ELB / WRIST

73221 WO

73223 W/WO

KNEE / HIP/ ANK

73721 WO

73723 W/WO

HUM/ FOREAM/ HAND

73218 WO

73220 W/WO

CANTU, ARMANDO (id #68785, dob: 03/29/1966)

Imaging Order

01/11/2018

To Provider	From Provider
MAIN OFFICE 2402 CORNERSTONE BLVD EDINBURG, TX 78539-8462 Phone: Phone: (956) 668-0060 Fax: Fax: (956) 668-0070	RAUL A. MARQUEZ, MD Main Office 2402 CORNERSTONE BLVD EDINBURG, TX 78539-8462 Phone: (956) 668-0060 Fax: (956) 668-0070

Imaging Order Information

Diagnosis	Pain of right shoulder joint ICD-10: M25.511: Pain in right shoulder
Order Name	Orders included: 1 Pain of right shoulder joint ICD-10: M25.511: Pain in right shoulder • MRI, SHOULDER, W/WO CONTRAST Side: RIGHT
Notes	

Patient Information

Patient Name	CANTU, ARMANDO
Sex - DOB - Age	M 03/29/1966 51yo
Address	118 GONZALEZ BLVD ROMA, TX 78584
Phone	H: (832) 664-1742 M: (832) 664-1742
Primary Insurance	TEXAS MUNICIPAL LEAGUE Policy Holder: CITY OF ROMA
Secondary Insurance	None recorded.

Electronically Signed by: RAUL A. MARQUEZ, MD



RAUL A. MARQUEZ, MD