

## Fax Transmission

**To:** (315) 442-8694  
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**RE:** asdf  
**Pages:** 2

**From:** Christopher Look  
**Fax:** 13154428694  
**Date:** Sunday, January 18, 2026 3:57 PM, PST

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**Comments:**  
asdf

ROBERTO F. MANCUSO MD • 16 PARK PLACE, NEW YORK, NY 10007-2504  
 OLAGBEGI, Adedoyin (id #367915, dob: 10/30/1999)

## Referral Order

To Provider	12/11/2025	From Provider
Phone:		ROBERTO F. MANCUSO, MD
Fax:		TRIBECA OFFICE
		16 PARK PLACE
		NEW YORK, NY 10007-2504
		Phone: (212) 457-0878
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Diagnosis	Referral Order Information
Order Name	<ul style="list-style-type: none"> <li>Acute back pain with sciatica</li> <li>ICD-10: M54.40: Lumbago with sciatica, unspecified side</li> </ul>
Notes	Orders included: 1 Acute back pain with sciatica ICD-10: M54.40: Lumbago with sciatica, unspecified side • PHYSICAL THERAPIST REFERRAL Schedule Within: provider's discretion

Patient Name	OLAGBEGI, ADEDOYIN
Sex - DOB - Age	F 10/30/1999 26yo
Address	87 HERKIMER ST/APT 6 BROOKLYN, NY 11216
Phone	H: (443) 818-8492 M: (443) 818-8492
Primary Insurance	Aetna (EPO) ID: W286718514 Group: 016969801100038 Policy Holder: OLAGBEGI, ADEDOYIN
Secondary Insurance	None recorded.

Electronically Signed by: ROBERTO F. MANCUSO, MD

