

Fax Transmission

To: chris look

Fax: +13154428694

RE:

Pages: 2

From: Christopher Look

Fax: 13154428694

Date: Sunday, January 18, 2026 4:04 PM, PST

Comments:

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

Referral Order

12/11/2025

| | |
|-------------|-------------------------|
| To Provider | From Provider |
| Phone: | ROBERTO F. MANCUSO, MD |
| Fax: | TRIBECA OFFICE |
| | 16 PARK PLACE |
| | NEW YORK, NY 10007-2504 |
| | Phone: (212) 457-0878 |
| | Fax: (212) 457-0578 |

Referral Order Information

| | |
|------------|---|
| Diagnosis | <ul style="list-style-type: none"> Acute back pain with sciatica ICD-10: M54.40: Lumbago with sciatica, unspecified side |
| Order Name | Orders included: 1 Acute back pain with sciatica ICD-10: M54.40: Lumbago with sciatica, unspecified side <ul style="list-style-type: none"> PHYSICAL THERAPIST REFERRAL |
| Notes | Schedule Within: provider's discretion |

Patient Information

| | |
|---------------------|--|
| 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: 016969601100038 Policy Holder: OLAGBEGI, ADEDOYIN |
| Secondary Insurance | None recorded. |

Electronically Signed by: ROBERTO F. MANCUSO, MD

