

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

To Provider: _____ Date: 12/11/2025 From Provider: ROBERTO F. MANCUSO, MD
TRIBECA OFFICE
16 PARK PLACE
NEW YORK, NY 10007-2504
Phone: (212) 457-0878
Fax: (212) 457-0878

Referral Order Information	
Diagnosis	• 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 • PHYSICAL THERAPIST REFERRAL Schedule Within: provider's discretion
Notes	

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: 018969601100038 Policy Holder: OLAGBEGI, ADEDOYIN
Secondary Insurance	None recorded.

Electronically Signed by: ROBERTO F. MANCUSO, MD

