Concentra Medical Centers (NJ)

16 Ethel Rd Edison, NJ 08817 Phone: (732) 248-0088 Fax: (732) 248-4408

Referral Queue ID: 480516310 Patient Referral

Patient Information:

Patient: Tawfik, Hani S. Home Phone: (732) 684-1522

SSN: 152-80-2982 Work Phone: (752) 684-1522 Ext

Address: 20 South Maplewood Ave **DOI:** 04/07/2023 **Cell Phone:** (732) 684-1522

KEASBEY, NJ 08832 **DOB:** 06/28/1982

Employer Contact:

Employer Location:City of Perth Amboy-Police D Contact: Maria Rivera

Address: 260 High St Role: Additional Injury Contact

Perth Amboy, NJ 088614451 **Phone**: (732) 771-2508 **Ext.**:

Auth. by: Fax:

Program:

Billing Information:

Carrier: D&H Alternative Risk Solutions Billing: D&H Alternative Risk Solutions

Address: PO Box 68 Address: PO Box 68

Newton, NJ 078600068 Newton, NJ 078600068

Phone: (973) 940-1851 **Fax:** (908) 684-9911

Notes: Alt name, Dietz & Hammer

Claim #:

**NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.

AA/EEO Employer Revision: 05/23/2010

Service Date: 04/19/2023

Concentra Medical Centers (NJ)

16 Ethel Rd Edison, NJ 08817 Phone: (732) 248-0088 Fax: (732) 248-4408

Patient Referral Referral Queue ID: 480516310

Patient Information:

Patient: Tawfik, Hani S. Home Phone: (732) 684-1522

SSN: 152-80-2982 Work Phone: (752) 684-1522

04/07/2023 Address: 20 South Maplewood Ave DOI: Cell Phone: (732) 684-1522

> KEASBEY, NJ 08832 DOB: 06/28/1982

Facility Referral Information:

Referral Status: Autoclose

Consult and treat

Priority: Routine

REFERRAL PRESCRIPTION

Recommended Facility:

Facility Type: Test Center

Facility Service: MRI

Referral Purpose

Referral Focus Hemisphere Ruleout Contrast Knee Right N/A Without Without

N/A

Diagnosis

ICD9 Code ICD10 Code Description

894 S89.91XA UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER-S89.91XA

Additional Notes:

Auto Create - MRI, Right Knee; without contrast material

Date: 4/19/2023 Referring Provider: Shanthi Reddy, MD

esu

**NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.

Service Date: 04/19/2023