

Order Form

GSOA - Fair Lawn
28-04 BROADWAY,
FAIR LAWN, NJ, 07410-3920
201-791-4434 201-791-9377

Req/Ctrl# (CD-): 112085
Erik C. Zachwieja, MD
NPI: 1386061588
Orthopedic Surgery

Lewis, Sean, Male, 09/22/1967 ID: 539501 Today: 03/13/2024 10:40 AM
2104 HAMPTON CT, RANDOLPH, NJ 07869-1216 Order Date: 03/12/2024 10:30 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS
Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069
Subscriber Number: mt086542
Insured Name: Township of morristown,
Address: 200 SOUTH ST, MORRISTOWN, NJ 07960-5370

Priority	Test Name	Assessment(s)	Instructions
Routine	PHYSICAL THERAPY Notes: 3 times a week for 3 weeks. Evaluate and Treat. The following PT/OT has been ordered: Hot Packs, Cold Packs, Tens, Hill Rollers Therapeutic Exercise: Passive, Active, Resistive, Eccentric, Free Weights, Theraband	- S73.102A, Hip sprain, left, initial encounter - M76.32, Iliotibial band syndrome, left	

 MD

Electronically Signed By: Erik C. Zachwieja, MD

Signature of Patient/Guardian