

Garden State Orthopaedic Associates, P.A.  
Pre-Cert/Authorization Department  
400 Franklin Turnpike, Suite 110  
Mahwah, NJ 07430

Date: 3/4/2024

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: DEJON SCOTT

Claim # 1WCD86802

From: Andrea Vachon x2151  
Pre-Cert Department Manager  
Tel: 201-475-0019. Fax : 201-475-8740  
Email: [andreav@gardenstateortho.com](mailto:andreav@gardenstateortho.com)

# of pages: 2 (including this page)

☐ Office Notes dated \_\_\_\_\_

☒ Prescription for Physical Therapy, Occupational Therapy or Work Conditioning

☐ Prescription for FCE

☐ Prescription for MRI/CT/US/EMG \_\_\_\_\_

☐ Work Status Note

☐ MG-2/C-4 Form

☐ Other

**Order Form****GSOA - Fair Lawn**

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

Req/Ctr# (CD-): 108889

Erik C. Zachwieja, MD

NPI: 1386061588

Orthopedic Surgery

**Scott, Dejon, Male, 10/08/1992** ID: 1216091

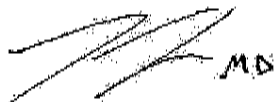
Today: 03/04/2024 10:46 AM

35 GROVE PL, EAST ORANGE, NJ 07017-4706

Order Date: 03/01/2024 08:45 AM

**Primary Insurance Name:** DH ALTERNATIVE RISK SOLUTIONS**Insurance Address:** PO BOX 68 , NEWTON , NJ , 07860-0068**Subscriber Number:** IWC086802**Insured Name:** Irvington Police Department,**Address:** 1 CIVIC SQ, IRVINGTON, NJ 07111-2997

Priority	Test Name	Assessment(s)	Instructions
Routine	<b>PHYSICAL THERAPY</b>  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	- S80.02XD, Contusion of left knee, subsequent encounter	



Electronically Signed By: Erik C. Zachwieja, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Scott, Dejon, M, 10/08/1992