

EDISON-METUCHEN ORTHOPAEDIC GROUP

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MRI Imaging Request Form

Please contact our office if you have not heard from our office or the Facility in 5 business days.

All Insurance: We need the name & location of MRI facility to proceed with authorization.

If you do not know the facility before you leave our office, please call us back at 732-839-1942. If you have a worker's compensation claim, please call 732-839-1936 for status on authorization.

Account 23084

Name: Alexander Hernandez

DOB: 9/22/1974

Cell phone : (848)252-0003

Home Phone: (732) 646-3021

Work Phone:

Date: 4/30/2024

Weight 235lbs

Sex: male

Address: 411 East Ave Perth Amboy NJ 08861

Insurance Dietz And Hammer

ID# PJWC087755

Group ID

Insurance Address : Po Box 68 Newton NJ 07860

Reason for test: Knee Pain**Diagnosis:**

Left knee internal derangement and grade II medial collateral ligament sprain

Referring Physician: Dr. Matthew Garfinkel**Precautions / Special Instructions:****Test Requested:**

MRI of the left knee without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.

**Patient Seen by:** Matthew J. Garfinkel, M.D.