

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

Date: 11/15/2023

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: LYNETTE FLOOD

Claim # IWC 085444

From: Andrea Vachon x2151
Pre-Cert Department Manager
Tel: 201-475-0019. Fax : 201-475-8740
Email: 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/Ctrl# (CD-): 83736

Douglas S. Holden, MD

NPI: 1881469694

Orthopedic Surgery

Flood, Lynette, Female, 03/19/1975 ID: 535662

Today: 11/15/2023 08:49 AM

152 NORMAN RD, NEWARK, NJ 07106-3331

Order Date: 11/14/2023 12:15 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069

Subscriber Number: iwc085644

Insured Name: Flood, Lynette

Address: 152 NORMAN RD, NEWARK, NJ 07106-3331

Priority	Test Name	Assessment(s)	Instructions
Routine	PHYSICAL THERAPY	- S39.012A, Strain of lumbar region,	
	Notes: 3x3 Wright, Candace 11/15/2023 08:49:28 AM EST >	Initial encounter	
	EVALUATION AND TREATMENT		



Electronically Signed By: Douglas S. Holden, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Flood, Lynette, F, 03/19/1975