

PMS ID: Sex: DOB: Phone: MRN:
113132PAT000179001 Male 04/25/1967 (551) 313-3895 MM0000023942

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Bullock		FIRST NAME James		LAST NAME Bullock		FIRST NAME James	
SSN XXX-XX-7013		DATE OF BIRTH 04/25/1967		SEX Male		MRN MM0000023942	
STREET ADDRESS 249 arlington ave				RELATIONSHIP TO PATIENT Self			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY east orange		STATE NJ		ZIP CODE 07018		CITY east orange	
HOME PHONE 5513133895		CELL PHONE 5513133895		EMPLOYER NAME Township of Irvington		WORK PHONE	
STREET ADDRESS PO BOX 69				STREET ADDRESS CONTD. 83 Spring St suite 104			
CITY Newton		STATE NJ		ZIP CODE 07860		EMPLOYER NAME Township of Irvington	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	M54.16	Radiculopathy, lumbar region					
Order MRI - Spine							
Protocol - Lumbar: Spine - Lumbar MRI WO contrast (CPT: 72148) Indication: Lumbar Radiculopathy - M54.16 General Instructions: Please release CD to patient Provider: Jay S Reidler Priority: normal							

Electronically Signed By: Jay S Reidler, 08/08/2024 12:26 PM EDT