

**Order Form****M-Seaview Orthopaedics**

294 Applegarth Road, Suite C  
Monroe Township, NJ, 08831-3809  
609-495-1888 609-662-4467

Req/Ctrl# (CD-): 6077617  
**C. J. Spagnuolo, MD**  
NPI: 1831158815  
Provider Code: 173908  
Orthopedic Surgery

**Cummings, Leslie, Male, 11/11/1976** ID: 778630

Cell: 908-523-7320 216 EAST 8TH AVENUE, Roselle, NJ, US 07203  
Email: lcummings@yahoo.com

Today: 05/22/2024 08:57 AM

Order Date: 05/22/2024 08:15 AM

**RESPONSIBLE PARTY/GUARANTOR INFO:**

Name: Cummings, Leslie  
DOB: 11/11/1976

**Primary Insurance Name:** D and H Management Corp WC**Insurance Phone:** 973-940-1851**Insurance Address:** PO Box 68 , Newton , NJ , 07860**Subscriber Number:** PJWC087828**Insured Name:** Cummings, Leslie**Address:** 216 EAST 8TH AVENUE, Roselle, NJ, US 07203

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	<b>PT Modalities- PRN</b>	No	- S46.011A, Strain of rotator cuff of right shoulder - M75.41, Impingement syndrome of right shoulder	
	3 x a week for 3 weeks			



Electronically Signed By: C. J. Spagnuolo, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Cummings, Leslie, M, 11/11/1976

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Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	<b>MRI Shoulder, right w/o contrast</b> Notes: PLEASE HAND CARRY DISC FAX REPORT TO 6096624467	No	- S46.011A, Strain of rotator cuff of right shoulder - M75.41, Impingement syndrome of right shoulder	



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