

## 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 of authorization.

Account 23084

Cell phone : (848)252-0003

Date: 9/10/2024

Name: Alexander Hernandez

Home Phone: (732) 646-3021

Weight 235lbs

DOB:9/22/1974

Work Phone:

Sex: male

Address: 411 East Ave Perth Amboy NJ 08861

Insurance Dletz And Hammer

ID# PJWC087755

Group ID

Insurance Address : Po Box 68 Newton NJ 07860

**Reason for test:** Left knee torn medial meniscus, chondromalacia patella, trochlea, medial femoral condyle and medial tibial plateau, medial and lateral synovitis, and now patellar tendonitis

#### Diagnosis:

M23.8X2 Other internal derangements of left knee, M25.562 Pain in left knee, S83.242D Other tear of medial meniscus, current injury, left knee, subsequent encounter, M22.42 Chondromalacia patellae, left knee, M94.262 Chondromalacia, left knee, M65.862 Other synovitis and tenosynovitis, left lower leg

**Referring Physician:** Dr. Matthew Garfinkel

**Precautions / Special Instructions:** PRIOR SURGERY:: left knee arthroscopy with partial medial meniscectomy, chondroplasty medial femoral condyle, partial medial and partial lateral synovectomies done on 06/10/2024\*\*\*\*\*

#### 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.