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STUDIES

Patient Name: Gregory Cruz DOB: 01/18/98 Date: 7/19/24

Diagnosis: _____

low low back pain LLE man

ms4.17

ms4.50

PATIENTS: DO NOT BOOK YOUR STUDY UNTIL YOU HAVE CONTACTED OUR OFFICE SPECIALIST AT 973-538-0900 ext. 594 SO WE MAY SUBMIT THE AUTHORIZATION REQUEST.

Please Accept this as a Prescription / Request for:

☐ **X-RAY:** ☐ Lumbar Spine: AP / Lat / Flex / Ext ☐ Cervical Spine: AP / Lat / Flex / Ext

☒ **MRI - with continuous axial images oriented parallel to disc spaces:**

☒ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine

w/o

☐ Without Contrast ☐ With Contrast ☐ With and without Contrast

☐ **CT - with small cuts and sagittal and coronal reconstructions:**

☐ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine ☐ Bone windows only

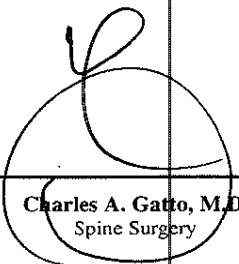
☐ **Myelogram / with follow up CT:** ☐ Lumbar spine ☐ Cervical Spine ☐ Thoracic Spine

☐ **Bone Scan:** ☐ Total Body ☐ Lumbar Spine / Pelvis / SPECT Images ☐ Other: ☐ **Bone Density**

☐ **EMG/NCV**

☐ **Blood Work:** ☐ CBC w/platelets ☐ ESR ☐ Rheum Factor ☐ HbA1C
☐ SMA-7 ☐ C- Reactive Protein ☐ ANA ☐ B12 / Folate
☐ SMA-20 ☐ SPEP ☐ Lyme Titer ☐ RPR
☐ PT/PTT ☐ PSA ☐ HLA-B27 ☐ T3 / FT4 / TSH

Sarah J. Ries, PA-C Michele Lohman, PA-C Tanya Lugo, PA-C


Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
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