

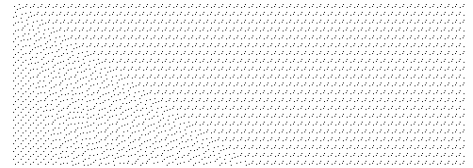
Company Name

Address Line 1

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Tel: **Fax:**

Email: **Website:**



To:

From:

Subject: **Diagnostic Test Request**

Message:

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EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • PH (732) 494-6226 • FAX (732) 494-8762

Matthew Garfinkel, M.D.

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Franklin Chen, M.D.

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Gloria Liu, APRN, BC.

Mohnish Ramani, M.D.

David M. Idank, D.O.

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 on authorization.

Account 162137

Name: Desiree Konopka

DOB:12/29/1995

Cell phone : (732) 881-0271

Home Phone:

Work Phone:

Date: 1/17/2023

Weight: Weight 118lbs

Sex:female

Reason for test:Knee Pain**Diagnosis:**

Right knee internal derangement

Referring Physician:Dr. Matthew Garfinkel**Precautions / Special Instructions:****Test Requested:**

MRI of the right knee without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.



Matthew J. Garfinkel, M.D.