

Garden State Orthopaedic Associates, P.A.  
Pre-Cert/Authorization Department  
400 Franklin Turnpike, Suite 110  
Mahwah, NJ 07430

Date: 2/19/2024

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: CHRISTOPHER MALLOY

Claim # 1WNC086824

From: Andrea Vachon x2151  
Pre-Cert Department Manager  
Tel: 201-475-0019. Fax : 201-475-8740  
Email: [andreav@gardenstateortho.com](mailto:andreav@gardenstateortho.com)

# of pages: 2 (including this page)

\_\_\_ Office Notes dated \_\_\_\_\_

☒ Prescription for Physical Therapy, Occupational Therapy or Work Conditioning

\_\_\_ Prescription for FCE

\_\_\_ Prescription for MRI/CT/US/EMG \_\_\_\_\_

\_\_\_ Work Status Note

\_\_\_ MG-2/C-4 Form

\_\_\_ Other

## Order Form

## GSOA - Fair Lawn

28-04 BROADWAY,

FAIR LAWN, NJ, 07410-3920

201-791-4434 201-791-9377

Req/Ctrl# (CD-): 106074

Jeffrey R. Lee, PA-C

NPI: 1710085097

Physician Assistant

Malloy, Christopher, Male, 11/10/1988 ID: 538575

Today: 02/19/2024 08:25 AM

37 ELM PL, IRVINGTON, NJ 07111-2219

Order Date: 02/16/2024 11:45 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069

Subscriber Number: IWC086824

Insured Name: Irvington Township,

Address: 1 CIVIC SQ, IRVINGTON, NJ 07111-2997

Priority	Test Name	Assessment(s)	Instructions
Routine	<b>PHYSICAL THERAPY</b>	- S39.012A, Lumbar strain, initial encounter	
	Notes: Lee, Jeffrey R 02/16/2024 12:24:40 PM EST > 3x4	- S83.91XA, Sprain of right knee, Initial encounter	
	Wright, Candace 02/19/2024 08:25:12 AM EST >		
	EVALUATION AND TREATMENT		



Electronically Signed By: Jeffrey R. Lee, PA-C

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Malloy, Christopher, M, 11/10/1988