



**Michael H Rieber, M.D., FACS**  
**Orthopedics Unlimited LLC**

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West Orange, NJ 07052  
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**FACSIMILE TRANSMITTAL SHEET**

Sports Medicine  
Total Joint Replacements  
Arthroscopic Surgery  
Knee and Shoulder  
Fracture Care  
General Orthopaedics  
Trauma  
Workers Compensation

To: **JENNIFER SCHEITTING**

From: **Michael H. Rieber, M.D.**

Company:

Date: **10/25/2022**

Phone #:

Total No. Of Pages **2**  
(Including Cover Sheet)

Fax #:

**973 940. 1852**

Re: **EDWARD GLASSEN**

**CLAIM# IWC 02B 270**

We're requesting written authorization for a CT R knee w/o contrast (MAKO Protocol CPT 73700 to be performed at Montclair Radiology 1140 Bloomfield Ave. W. Caldwell, NJ 07006  
tel:973-661-4674 NPI:1194810531 TID: 22-1896362. The purpose of this study is for pre-operative planning for the patients Right Total Knee Replacement scheduled for 12/1/2022. Please feel free to call the office with any questions or concerns you may have.

State of New Jersey  
**PRESCRIPTION BLANK**

**ORTHOPAEDICS UNLIMITED LLC**  
**DOUGLAS W. ROBINSON, PA-C**  
445 PLEASANT VALLEY WAY • WEST ORANGE, NJ 07052  
TEL: (973) 577-5200 • FAX: (973) 577-5201 • NPI# 1164443735

LICENSE # 25MP00026400 DEA # MR1561794

MICHAEL RIEBER, MD • SUPERVISING PHYSICIAN

LICENSE # 25MA006778500 DEA # BR5408035

☐ DELEGATED PHYSICIAN SUPERVISOR

LICENSE # \_\_\_\_\_ TEL # \_\_\_\_\_

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE ☐  
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT

Edward Olesse

D.O.B.

12/11/61

ADDRESS

DATE

10/19/22



QTY

DOS

CTScan (R) knee  
5 current  
(no previous)

CT (R) knee



HPDWR0422000358

SUBSTITUTION PERMISSIBLE \_\_\_\_\_

DO NOT SUBSTITUTE \_\_\_\_\_

DO NOT REFILL \_\_\_\_\_

SIGNATURE OF PRESCRIBER

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