

Concentra Medical Centers (NJ)16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408

Service Date: 07/05/2023

Referral Queue ID: 480524174

Patient Referral**Patient Information:**

| | | | |
|-----------------|-----------------------|--------------------|----------------|
| Patient: | Puntiel, Roberto | Home Phone: | (733) 510-9699 |
| SSN: | XXX-XX-4368 | Work Phone: | Ext: |
| Address: | 603 Charles st | DOI: | 06/28/2023 |
| | PERTH AMBOY, NJ 08861 | DOB: | 03/13/1984 |
| | | Cell Phone: | (733) 510-9699 |

Employer Contact:

| | | | |
|---------------------------|--------------------------|-----------------|---------------------------|
| Employer Location: | City of Perth Amboy-DPW | Contact: | Maria Rivera |
| Address: | 260 High St | Role: | Additional Injury Contact |
| | Perth Amboy, NJ 08861445 | Phone: | (732) 771-2508 |
| Auth. by: | | Ext.: | |
| | | Fax: | |

Program:**Billing Information:**

| | | | |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Carrier: | D&H Alternative Risk Solutions | Billing: | D&H Alternative Risk Solutions |
| Address: | PO Box 68 | Address: | PO Box 68 |
| | Newton, NJ 078600068 | | Newton, NJ 078600068 |
| Phone: | (973) 940-1851 | Claim #: | |
| Fax: | (908) 684-9911 | | |
| Notes: | Alt name, Dietz & Hammer | | |

Facility Referral Information:

Referral Status: Autoclose
Consult and treat

Priority: Routine

REFERRAL PRESCRIPTION**Recommended Facility:**

Facility Type: Test Center

Facility Service: MRI

Referral Purpose

| Referral Focus | Hemisphere | Ruleout | Contrast |
|----------------|------------|---------|----------|
| Knee | Right | N/A | Without |
| | | N/A | Without |

Diagnosis

| ICD9 Code | ICD10 Code | Description |
|-----------|------------|---|
| 844.8 | S86.911A | STRAIN OF UNSP MUSC/TEND AT LOWER LEG LEVEL, RIGHT LEG, INIT-S86.911A |

Additional Notes:

Auto Create - MRI, Right Knee; without contrast material

Date: 7/5/2023

Referring Provider: Shanthi Reddy, MD

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.