

PMS ID: 113132PAT000176810 Sex: Male DOB: 09/20/1976 Phone: (862) 400-3178 MRN: MM0000021755

| PATIENT INFORMATION | | | | GUARANTOR INFORMATION | | | |
|--|-----------------------------|--|---------------------|---|------------|--|-----------------------------|
| LAST NAME Jordan | | FIRST NAME Laquran | | LAST NAME Jordan | | FIRST NAME Laquran | |
| SSN | DATE OF BIRTH 09/20/1976 | SEX Male | MRN MM0000021755 | RELATIONSHIP TO PATIENT Self | | | |
| STREET ADDRESS 30 Central Ave | | | | STREET ADDRESS 30 Central Ave | | | |
| STREET ADDRESS CONTD. apt R3 | | | | STREET ADDRESS CONTD. apt R3 | | | |
| CITY Orange | | STATE NJ | ZIP CODE 07050 | CITY Orange | | STATE NJ | ZIP CODE 07050 |
| HOME PHONE | CELL PHONE 8624003178 | EMPLOYER NAME TOWNSHIP OF IRVINGTON | | HOME PHONE | WORK PHONE | | |
| PRIMARY BILLING / INSURANCE INFORMATION | | | | | | | |
| SUBSCRIBER NAME | | RELATIONSHIP Employer | | SUB. DOB | | COMPANY NAME D & H Alternative Risk Solutions | GRP/CONTRACT # IWC087551 |
| STREET ADDRESS PO BOX 69 | | | | STREET ADDRESS CONTD. 83 Spring St suite 104 | | | |
| CITY Newton | | STATE NJ | ZIP CODE 07860 | EMPLOYER NAME TOWNSHIP OF IRVINGTON | | | |
| DIAGNOSES | | | | | | | |
| Diagnosis | ICD Code | Description | | | | | |
| 1 | M54.12 | Radiculopathy, cervical region | | | | | |
| Order MRI - Spine | | | | | | | |
| Protocol - Cervical: Spine - Cervical MRI WO contrast (CPT: 72141) Indication: Cervical Radiculopathy - M54.12 General Instructions: Please release CD to patient Provider: Jay S Reidler Priority: normal | | | | | | | |

Electronically Signed By: Jay S Reidler, 04/13/2024 03:40 PM EDT