



Prescription for Post-Operative DME

TO : D and H WC

ATTN: Lucia Winter

FAX NO: 973-940-1852

CLAIM NUMBER: TJWC087864

RE: Hani Tawfik

ACCOUNT NO: 744639

Date of Injury: 4/25/24

SS#:

DIAGNOSIS: S83.241A

REQUESTING PHYSICIAN: Christopher Spagnuola, MD

Date of Surgery:

DME ORDER:

☒ E0218 Iceman includes pad

:

Physician's Name: Christopher Spagnuola, MD

Date: 6/6/24

Physician Signature



Prescription for Post-Operative Physical Therapy

TO: D and H WC

ATTN: Lucia Winter

FAX NO: 973-940-1852

CLAIM NUMBER: TJWC087864

RE: Hani Tawfik

ACCOUNT NO: 744639

Date of Injury: 4/25/24

SS#:

DIAGNOSIS: S83.241A

REQUESTING PHYSICIAN: Dr. Spagnuola

PHYSICAL THERAPY ORDERS:

☒ PT Evaluate and Treat

Number of treatments per week - 3 Number of weeks - 2

To be started day after surgery

☐ OTHER:

Name: Christopher Spagnuola, MD

Date: 6/6/24

Physician Signature