

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

Date: 10/8/24

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: FRANK FUSCO

Claim # PLB08276902

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 @ HUMERUS

☐ 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-): 160949

Steven B. Shamash, DO

NPI: 1780841312

Hand Surgery

**Fusco, Frank, Male, 10/03/1976** ID: 545444

Today: 10/08/2024 08:23 AM

33 BILTMORE DR, GREEN BROOK, NJ 08812-2621

Order Date: 10/02/2024 09:30 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS

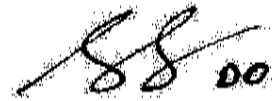
Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069

Subscriber Number: plb08276902

Insured Name: Fusco, Frank

Address: 33 BILTMORE DR, GREEN BROOK, NJ 08812-2621

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	<b>MRI : Humerus without contrast, Right</b>  Notes: please compare to MRI from August 2024. ****MRI shall be performed at Summit Health and should be read by Dr. Andrew Prober****. Please include axial, sagittal and coronal T2 images. please evaluate for musculotendinous resorption/atrophy in preparation for distal biceps tendon reconstruction with allograft	- S46.211A, Rupture of right distal biceps tendon, initial encounter	Please provide disc to patient for their next appt.



Electronically Signed By: Steven B. Shamash, DO

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Fusco, Frank, M, 10/03/1976