

Concentra Medical Centers (NJ)

368 Lakehurst Rd Ste 206 Toms River, NJ 08755
Phone: (732) 557-9980 Fax: (732) 557-9985

Service Date: 05/10/2023**Referral Queue ID:** 440112736**Patient Referral****Patient Information:**

Patient: Gwizdz, Michael K.
SSN: 136-76-6322
Address: 234 Oklahoma Dr
BRICK, NJ 08723

Home Phone: (908) 358-5374
Work Phone: (908) 351-1700 **Ext:**
DOI: 04/29/2023 **Cell Phone:** (908) 358-5374
DOB: 11/26/1977

Employer Contact:

Employer Location: Hillside Township
Address: 1401 Liberty Ave
HILLSIDE, NJ 07205
Auth. by:

Contact: Deon Wade
Role: HR
Phone: (973) 926-3002 **Ext.:**
Fax:

Program:**Billing Information:**

Carrier: Hillside Township
Address: 1401 Liberty Ave
HILLSIDE, NJ 07205

Billing: Hillside Township
Address: 1401 Liberty Ave
HILLSIDE, NJ 07205

Phone:
Fax:
Notes:

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

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

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DOI: 04/29/2023 **Cell Phone:** (908) 358-5374
DOB: 11/26/1977**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
Ankle	Left	N/A	Without
		N/A	Without

Diagnosis

ICD9 Code	ICD10 Code	Description
845	S93.402A	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCINTR-S93.402A

Additional Notes:

Auto Create - MRI, Left Ankle without contrast

Date: 5/10/2023**Referring Provider:** Maxwell Castor, PA-C****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

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