

**Patient Diagnostic Imaging Order Requisition**

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<b>PATIENT</b> oto, Angel 14 SAYRE AVE EARTH AMBOY, NJ 08861	H-Phone: ( ) - - W-Phone: ( ) - - C-Phone: (848)-459-1589 Race : White Account: 13231	DOB : 05/01/1985  Sex : M Chart:
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<b>PRIMARY INSURANCE</b> o#: 70 Policy#: PJWC082001 & H RISK MGMNT (WC) O BOX 68 EARTH AMBOY, NJ 08861	Insured Name: ANGEL SOTO DOB : 05/01/1985 Group Number: Plan Name : Onset Date : 11/19/22
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<b>FACILITY INFORMATION</b> Name : PATIENTS CHOICE	Phone: Fax :
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<b>DIAGNOSTIC IMAGING ORDER</b> Status: Ordered Doctor: Warshauer, Jeffrey M., D.O. 3 PROGRESS STREET, SUITE 1 EDISON, NJ 08820-1180  PIN : NPI: 1558360222 d : 47-2470918	Ordered : 12/20/22 1:42 pm Sched : 00/00/00 Acquired: 00/00/00 Req# : 6339 Phone : (908)-364-7801 Fax : (908)-222-2757
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Test Name: Shoulder, Arthrography, LT ICD: S43.402A Unspecified sprain of left shoulder joint, initial encounter  MRI Shoulder W/Contrast Left	Priority <b>Routine</b>  <b>Routine</b>	Acc# <b>6339-7314</b>  <b>6339-7315</b>
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Ordering Provider's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 12/20/22 at 1:43 pm

12/20/22

INFINITY ORTHOPEDICS, LLC  
Patient Diagnostic Imaging Order Requisition

Page 1

Soto, Angel  
514 SAYRE AVE  
PERTH AMBOY, NJ 08861

**PATIENT**

H-Phone: ( ) - - DOB : 05/01/1985  
W-Phone: ( ) - -  
C-Phone: (848)-459-1589 Sex : M  
Race : White Chart :  
Account: 13231

Co#: 70 Policy#: PJWC082001  
D & H RISK MGMNT (WC)  
PO BOX 68  
NEWTON, NJ 07860

**PRIMARY INSURANCE**

Insured Name: ANGEL SOTO  
DOB : 05/01/1985  
Group Number:  
Plan Name :  
Onset Date : 11/19/22

Name : PATIENTS CHOICE

**FACILITY INFORMATION**

Phone:  
Fax :

Status: Ordered  
Doctor: Warshauer, Jeffrey M., D.O.  
3 PROGRESS STREET, SUITE 1  
EDISON, NJ 08820-1180

**DIAGNOSTIC IMAGING ORDER**

Ordered : 12/20/22 1:43 pm  
Sched : 00/00/00  
Acquired: 00/00/00  
Req# : 6340  
Phone : (908)-364-7801  
Fax : (908)-222-2757

PIN : NPI: 1558360222  
d : 47-2470918

Test Name:

RI Elbow W/O Contrast Left

x: S50.02xA Contusion of left elbow, initial encounter

Priority  
Routine

Acc#  
6340-7316

Ordering Provider's Signature:

  
Electronically signed by agent of provider: Rosa Matos, MA on 12/20/22 at 1:43 pm