

**Concentra Medical Centers (NJ)**

16 Ethel Rd Edison, NJ 08817  
Phone: (732) 248-0088 Fax: (732) 248-4408

**Service Date:** 02/10/2023**Referral Queue ID:** 480509360**Patient Referral****Patient Information:**

<b>Patient:</b>	Rios, Ivette	<b>Home Phone:</b>	(848) 207-8552
<b>SSN:</b>	154-60-1735	<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	414 Padewreski Ave 11c	<b>DOI:</b>	01/23/2023
	PERTH AMBOY, NJ 08861	<b>DOB:</b>	08/25/1972
		<b>Cell Phone:</b>	(848) 207-8552

**Employer Contact:**

<b>Employer Location:</b>	City of Perth Amboy-General	<b>Contact:</b>	Maria Rivera
<b>Address:</b>	260 High St	<b>Role:</b>	Additional Injury Contact
	Perth Amboy, NJ 088614451	<b>Phone:</b>	(732) 771-2508
<b>Auth. by:</b>		<b>Ext.:</b>	
		<b>Fax:</b>	

**Program:****Billing Information:**

<b>Carrier:</b>	D&H Alternative Risk Solutions	<b>Billing:</b>	D&H Alternative Risk Solutions
<b>Address:</b>	PO Box 68	<b>Address:</b>	PO Box 68
	Newton, NJ 078600068		Newton, NJ 078600068
<b>Phone:</b>	(973) 940-1851	<b>Claim #:</b>	
<b>Fax:</b>	(908) 684-9911		
<b>Notes:</b>	Alt name, Dietz & Hammer		

**\*\*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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**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
Shoulder	Left	N/A	Without
		N/A	Without

**Diagnosis**

ICD9 Code	ICD10 Code	Description
840.3	S46.912A	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT-S46.912A

**Additional Notes:**

Auto Create - MRI, Left Shoulder; without contrast material(s)

**Date:** 2/10/2023**Referring Provider:** Shanthi Reddy, MD**\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

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