

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

Date: 12/12/2023

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: LYNETTE FLOOD

Claim # INIC085144

From: Andrea Vachon x2151
Pre-Cert Department Manager
Tel: 201-475-0019. Fax : 201-475-8740
Email: andreav@gardenstateortho.com

of pages: 3 (including this page)

- ☐ Office Notes dated CONT
- ☒ Prescription for Physical Therapy, Occupational Therapy or Work Conditioning
- ☐ Prescription for FCE
- ☒ Prescription for MRI/CT/US/EMG LUMBAR
- ☐ 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-): 83989

Ryan T. Cassilly, MD

NPI: 1235455924

Orthopedic Surgery

Flood, Lynette, Female, 03/19/1975 ID: 535662

152 NORMAN RD, NEWARK, NJ 07106-3331

Today: 12/11/2023 04:01 PM

Order Date: 12/11/2023 02:30 PM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS

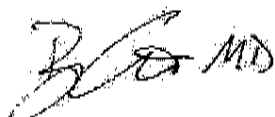
Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069

Subscriber Number: fwc085644

Insured Name: Flood, Lynette

Address: 152 NORMAN RD, NEWARK, NJ 07106-3331

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	MRI : Lumbar without contrast Notes: Closed lumbar spine MRI without contrast. Compare to prior lumbar MRIs 10/4/2021, 8/6/2020, 4/16/2019, 4/20/2018 from East Orange General Hospital	- S39.012D, Strain of muscle, fascia and tendon of lower back, subsequent encounter	Please provide disc to patient for their next appt.



Electronically Signed By: Ryan T. Cassilly, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Flood, Lynette, F, 03/19/1975

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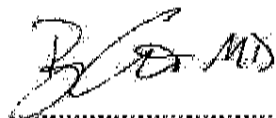
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Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS**Insurance Address:** PO BOX 68 , NEWTON , NJ , 07860-0069**Subscriber Number:** lwc085644**Insured Name:** Flood, Lynette**Address:** 152 NORMAN RD, NEWARK, NJ 07106-3331

Priority	Test Name	Assessment(s)	Instructions
Routine	PHYSICAL THERAPY	- S39.012D, Strain of muscle, fascia and tendon of lower back, subsequent encounter	
	Notes: Continuation of treatment. Twice per week for 4 weeks. The following PT/OT has been ordered: Hot Packs, Cold Packs, Tens, Hill Rollers Therapeutic Exercise: Passive, Active, Resistive, Eccentric, Free Weights, Theraband		



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