



### WC Facsimile Transmittal Request

**Attention:** Carolina Shell **Re:** Reed, Dorothea  
**To:** DandH Alternative Risk Solution **Claim #:** 1W 086891  
**From:** Dr. Chafra **Total Pages:** 13  
**Date:** 3/4/24 **Sender's Ref Fax #:** (908)-588-2319  
**Fax:** 973-940-1852 **Email:** \_\_\_\_\_

<input type="checkbox"/>	DDI (Not needed)
<input checked="" type="checkbox"/>	Work Note
<input checked="" type="checkbox"/>	Visit Note
<input checked="" type="checkbox"/>	PT RX
<input type="checkbox"/>	MRI RX
<input type="checkbox"/>	Surgery
<input checked="" type="checkbox"/>	Other

**Next Appointment Date:** 3/28/24 **Time:** 1:30pm

**Location:** \_\_\_\_\_ West Orange ☒ Westfield \_\_\_\_\_ Morristown

**Please Fax Next Appointment DDI to Designated Location**

**Thank You!**

#### Confidential Notice

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116 South Euclid Ave - Suite 1 - Westfield NJ, 07090 - Phone: (908) 588-2311 Fax: (908) 588-2319  
 300 Executive Dr. - Suite 110 - West Orange NJ, 07052 - Phone: (973) 434-9575 Fax: (973) 434-9578  
 25 Lindsley Dr. - Suite 208 - Morristown NJ, 07960 - Phone: (862) 345-7955 Fax: (862) 345-7988



# Genesis

## Orthopaedic and Spine

Vinay Chopra, MD  
Matthew Griffin, MD  
Nicholas Delaney, MD  
John Griffin, MD  
Prashant Patel, MD  
Jason Sedgwick, DPM

116 S. Euclid Ave, Suite 1  
Westfield NJ 07090  
Office: (908) 588-2311  
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25 Lindsley Dr, Suite 208  
Morristown, NJ 07960  
Office: (862)-345-7955  
Fax: (862) 345-7988

1270 NJ 35, Suite 1  
Middletown, NJ 07748  
Office: (732) 788-3769  
Fax: (732) 788-3547

119 Prospect Street, Suite 3  
Ridgewood, NJ 07450

Date: 3/4/24

Re: Reed, Brothel

To whom it may concern,

This letter is to certify that Reed, Brothel has been under my orthopedic care.

This patient was seen and evaluated by Dr. Chopra in our office.

The patient's work/School status is: Light Duty, no lift

as of 3/4/24, until their next evaluation: 3/28/24.

If you have any questions, feel free to call our office. Thank you.

Sincerely,

Vinay Chopra, MD



1 add,



O (908)588-2311 F (908)588-2319

Westfield, NJ 07090  
 West Orange, NJ 07052  
 Morristown, NJ 07960  
 Ridgewood, NJ 07450

O (973)434-9575 F (973)434-9578

Date: 3/4/24

## Patient Information

## Physician Information

Name:	Reed, Dorothea										
DOB:	8/6/1966				NPI:						
Address:	235 Birchwood Ave										
City:	Kranford	State:	NJ	Zip:	07016	City:		State:		Zip:	
Phone:	973-202-2611										

## Statement from the Physician



631 LSO  
 SUP2025BLK

Lot #: 12357  
 HCPCS: L0631 / L0648

HCPCS CODE	PRODUCTS
Knee Bracing	
L1833	833 Knee Brace Coretech
L1833	ROM Knee Brace
L1812	Hinged Knee Brace
L1820	Hinged Knee Brace Coretech
L1852	845 Dual OA Knee Brace Coretech
L1851	OA Knee Brace Coretech
L1830	830 Single Panel Knee Immobiliser Coretech
Foot / Ankle	

HCPCS CODE	PRODUCTS
Upper Extremity	
L3761	ROM Elbow Brace Coretech
L3761	ROM Elbow Brace
L3670	670 Abduction Sling Coretech
L3670	670 Universal Arm Sling Coretech
L3670	670 Advanced Arm Sling Coretech
L3670	Abduction Sling Vive
L3908	Overnight Wrist Brace
L3908	Reversible Wrist Brace
L3908	Wrist Brace
L3809	Wrist Brace with Spica
L3908	908 Wrist Splint Coretech
L3809	Hand and Wrist Immobiliser



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	L4361	360 Exo Walker Short Coretech
	L4361	360 Exo Walker Tall Coretech
	L4361	360 Walker Boot Tall Coretech
	L4361	360 Walker Boot Short Coretech
	L4387	386 Walker Boot Tall Coretech
	L4387	386 Walker Boot Short Coretech
	L1930	930 AFO Coretech
	L1902	Laced Ankle Brace Coretech
	L1902	Laced Ankle Brace Vive
	L4350	350 Ankle Splint Coretech
	L4397	Hard Night Splint Vive
	L3260	Post Op Shoe
	L3260	Closed Toe Post-Op Shoe
	L3332	Achilles Wedge

Weakness or deformity requiring stabilization  
 To facilitate healing following injury  
 To facilitate healing following surgery  
 To reduce pain by restricting motion  
 Knee instability that has been documented  
 Persistent pain limiting ADLs

	L3809	807 Thumb Splint Coretech
	A4467	Tennis Elbow Strap
	L3924	Thumb Brace
	L3924	Extended Trigger Finger Splint
Spine Bracing		
	L0642	627 Lumbar Brace Coretech
	L0650	631 Lumbar Brace
Ambulatory Aids		
	E0143 E0114	Economy Walker with Wheels Crutches
	E0143	Wheelchair Rollator
	E0143	Foldable Rollator
	E0143	3-Wheel Rollator
	E0143	Upright Walker
	E0143	Rollator Walker Series T
	E0143	Rollator Model S
	E1399	Heavy Duty Walker Ski Glides

Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I personally instructed the patient on the use of the item and explained that it should be worn every day during activities of daily living. This is to help with \_\_\_\_\_ in activities of:



O (908)588-2311 F (908)588-2319

O (973)434-9575 F (973)434-9578

\_\_\_\_\_ House work \_\_\_\_\_ Yard work \_\_\_\_\_ Exercising \_\_\_\_\_ Walking, standing or bending  
\_\_\_\_\_ Other: \_\_\_\_\_

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The patient will return for a follow-up visit in \_\_\_\_\_ weeks/months and I will check the item for any adjustments that need to be made.

I certify that I am the ordering provider identified herein. I completed the fitting described above and delivered this medical equipment to the patient as described herein.

**Patient Agreement, Assignment, and Waiver:**

I certify that I have personally received the item listed above in good condition. I have been adequately instructed on the proper use of this item. I understand that I may choose any authorized provider to dispense this medical equipment. I authorize the release of any medical information needed to process any claims for reimbursement related to this equipment. I also request that payment under Medicare or any other insurance program be made directly to this provider. In the event Medicare or my other insurance does not make payment for this equipment, I agree to be personally liable for payment.

Date: X 3/4/24

Patient Signature

X [Signature]

Physician Signature

Physician Print Name:

Fax:

Phone Number:

3/5/24, 9:28 AM

Print Preview

REED, Dorothea DOB: 08/06/1966 (57 yo F) Acc No. 22837 - WC DOS: 03/04/2024



**REED, Dorothea**

57 Y old Female, DOB: 08/06/1966

Account Number: 22837 - WC

235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ-07016-2544

Home: 973-202-2611

Guarantor: Reed, Dorothea Insurance: DandH Alternative Risk

Solutions Payer ID: PAPER

Appointment Facility: Genesis Orthopaedic and Spine

03/04/2024

Vinay Chopra, MD

### Current Medications

#### Taking

- Meloxicam 15 MG Tablet 1 tablet Orally Once a day
  - traMADol HCl 50 MG Tablet 1 tablet as needed Orally Once a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

Hypertension.

### Surgical History

Left hip replacement. 03/01/2022

### Family History

Father: deceased  
Mother: alive, hypertension  
1 brother(s) , 2 sister(s) - healthy. 2 son(s) , 2 daughter(s) - healthy.

### Social History

#### Tobacco Use:

Tobacco Use/Smoking

Are you a: *never smoker*

#### Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? *No*

Do you drink alcohol?: *No.*

### Allergies

N.K.D.A.

### Hospitalization/Major

### Diagnostic Procedure

No Hospitalization History.

### Review of Systems

#### General/Constitutional:

Denies Fever. Denies Headache.  
Denies Weight loss.

#### Allergy/Immunology:

Runny nose denies. Itchy

### Reason for Appointment

1. Left Hip/Lower Back

### History of Present Illness

#### Work Comp Information:

Claim Number: IWCo86891.

Date of injury: 02/07/2024.

Case Manager: Carolina Shell.

Employer: Township Of Irvington.

Job Description: Fire Inspector.

Insurance Company: D&H Alternative Risk Solutions.

Phone Number: 973-940-1851.

Fax: 973-940-1852.

#### WC Injury:

Questions:

Was your supervisor notified immediately? *Yes*

Did you continue working after you were injured? *No*

Did you go to the emergency room? *Yes*

Were X-rays and/or MRIs taken? *Yes*

Rate your pain today on a scale of 1-10: *5*

Have you ever experienced similar symptoms in the past? *Yes*

How long have you been employed at your current job? *5 5 months*

What is your current work status? *Currently employed*

Have you ever been treated by a Chiropractor? *Yes*

#### Left hip:

c/o Left hip pain The patient is presenting with bilateral hip pain due to a workplace injury that occurred on 2/7/24. The patient works as a fire prevention inspector and states she was exiting a building in a complex, reached down, and was hit on her left side by a golf cart-like vehicle moving 5 mph. She went to Newark Beth Israel ER the same day where X-rays of her bilateral hips were done showing no fractures. She has a history of a left hip replacement 2 years ago and states getting hit on her left side reagravated that area. She describes a burning pain in the groin bilaterally, worse in the morning when getting up and with internal/external rotation. She has been taking Meloxicam and Tramadol with mild relief. Pain reaches a 9/10..

#### Right hip:

c/o Right hip pain.

#### Lower back:

c/o low back pain The patient is presenting with lower back pain due to

Progress Note: Vinay Chopra, MD 03/04/2024

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3/5/24, 9:28 AM

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REED, Dorothea DOB: 08/06/1966 (57 yo F) Acc No. 22837 - WC DOS: 03/04/2024

eyes denies. Congestion denies.

Ophthalmologic:

Vision loss denies. Blurry vision denies. Red eye denies.

ENT:

Decreased hearing denies. Nosebleed denies. Sore throat denies.

Endocrine:

Cold intolerance denies. Excessive sweating denies. Excessive thirst denies.

Respiratory:

Cough denies. Shortness of breath denies. Wheezing denies.

Cardiovascular:

Chest pain denies. Palpitations denies. Leg swelling denies.

Gastrointestinal:

Diarrhea denies. Nausea denies. Vomiting denies.

Hematology:

Easy bleeding denies. Easy bruising denies. Swollen glands denies.

Genitourinary:

Hematuria denies. Difficulty urinating denies. Frequent urination denies. Burning w/Urination denies.

Skin:

Skin infection denies. Hives denies. Rash denies.

Neurologic:

Dizziness denies. Headache denies. Seizures denies. Tremor denies.

Psychiatric:

Panic attacks denies. Depressed mood denies. Suicidal thoughts denies.

a workplace injury that occurred on 2/7/24. The patient works as a fire prevention inspector and states she was exiting a building in a complex, reached down, and was hit on her left side by a golf cart-like vehicle. She went to Newark Beth Israel ER the same day where X-rays of her bilateral hips were done showing no fractures. She has a history of lower back pain receiving an epidural injection over 2 years ago and a recent cortisone injection about 2 months ago. She also has scoliosis. She describes sharp pain over her midline spine and right paraspinals, particularly with getting up from sitting and bending over. The pain radiates into both of her thighs with numbness/tingling, right worse than left. She is also developing instability in her lower back and reduced ROM. She has been taking Meloxicam and Tramadol with mild relief. Pain reaches a 9/10..

**Vital Signs**

Temp: 97.4 F, HR: 70 /min, BP: 129/93 mm Hg, Wt: 189 lbs, BMI: 30.5 Index, Ht: 66 in, RR: 15 /min, Oxygen sat %: 96 %, Ht-cm: 167.64 cm, Wt-kg: 85.73 kg.

**Examination**General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished, alert, oriented x 3.

GAIT: non-antalgic gait.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, , extraocular movement intact (EOMI) , sclera anicteric.

EARS: normal , hearing intact to whispered voice.

NOSE: no nasal drainage.

ORAL CAVITY: mucosa moist.

THROAT: oropharynx clear, oral mucosa without lesions.

NECK/THYROID: neck supple, no cervical lymphadenopathy, , no thyromegaly.

SKIN: no suspicious lesions, warm and dry, no erythema, no rashes, no wounds.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

PERIPHERAL PULSES: normal , 2+ throughout.

NEUROLOGIC: nonfocal, sensory exam intact, cranial nerves 2-12 grossly intact, deep tendon reflexes 2+ symmetrical, Babinski absent.

Lumbar Spine:

Inspection loss of lordosis and scoliosis.

Skin no signs of erythema, pressure ulcers, rashes, lacerations.

Palpation positive tenderness at L4-L5 and L5-S1

Range of Motion decreased range of motion due to pain on flexion, extension, and rotation

Strength 4/5 strength lumbar spine and lower extremities left side.

Stability no instability noted, can sit upright on exam table with minimum effort.

Special tests positive left straight leg raise, positive right straight leg

3/5/24, 9:28 AM

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REED, Dorothea DOB: 08/06/1966 (57 yo F) Acc No. 22837 - WC DOS: 03/04/2024

raise,

Neurological 2+ reflexes bilaterally, negative Babinski.

Left hip:

INSPECTION: no deformity noted.

WOUNDS: no wounds appreciated.

LEG LENGTH: equal.

PALPATION: positive tenderness anterior hip

HIP RANGE OF MOTION: decreased ROM

STABILITY: no instability noted on internal and external rotation, abduction and adduction.

STRENGTH: 4/5 all motor groups.

SKIN: no pressure ulcers, rashes, erythema or wounds.

SENSATION: intact to light touch.

VASCULAR: good distal pulses 2+, neurovascularly intact (NVI) distally.

GAIT: without abnormality.

Right hip:

INSPECTION: no deformity noted.

WOUNDS: no wounds appreciated.

LEG LENGTH: equal.

PALPATION: positive tenderness anterior hip,

HIP RANGE OF MOTION: decreased ROM,

STABILITY: no instability noted on internal and external rotation, abduction and adduction.

STRENGTH: 4/5 all motor groups.

SKIN: no pressure ulcers, rashes, erythema or wounds.

SENSATION: intact to light touch.

VASCULAR: good distal pulses 2+, neurovascularly intact (NVI) distally.

GAIT: without abnormality.

Left knee:

INSPECTION: no deformity, no ecchymosis present, no effusion or erythema, no significant swelling.

LEG EXAMINATION: negative Homan's sign, neurovascularly intact distally, calf soft and non-tender.

ALIGNMENT: no varus or flexion contracture.

WOUNDS: no wounds.

PALPATION: no specific pain to palpation.

TENDERNESS: no specific tenderness on palpation.

KNEE RANGE OF MOTION: full flexion and extension, 0 degrees to 130 degrees intact.

STABILITY: negative abduction medial collateral ligament (MCL) laxity, negative adduction lateral collateral ligament (LCL) laxity, negative anterior drawer test, negative Lachman's test, negative patella laxity, negative posterior drawer test.

STRENGTH: 5/5 strength on extension, 5/5 on flexion.

SKIN: no pressure ulcers, rashes, erythema or wounds.

LIGAMENTOUS LAXITY: all ligaments appear stable, but there is guarding on exam.

Progress Note: Vinay Chopra, MD 03/04/2024

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TESTS: negative McMurray's, negative patella grind.  
GAIT: normal, heel to toe.  
SENSATION: normal to light touch.  
VASCULAR: 2+ palpable distal pulses.

**Right knee:**

INSPECTION: no deformity, no ecchymosis present, no swelling or erythema, no significant swelling.

LEG EXAMINATION: negative Homan's sign, neurovascularly intact distally, calf soft and non-tender.

ALIGNMENT: no varus or flexion contracture.

WOUNDS: no wounds.

PALPATION: no specific pain to palpation.

TENDERNESS: no specific tenderness on palpation.

KNEE RANGE OF MOTION: full flexion and extension, 0 degrees to 130 degrees intact.

STABILITY: negative abduction medial collateral ligament (MCL) laxity, negative adduction lateral collateral ligament (LCL) laxity, negative anterior drawer test, negative Lachman's test, negative patella laxity, negative posterior drawer test.

STRENGTH: 5/5 strength on extension, 5/5 on flexion.

SKIN: no pressure ulcers, rashes, erythema or wounds.

TESTS: negative McMurray's, negative patella grind.

GAIT: normal, heel to toe.

SENSATION: normal to light touch.

VASCULAR: 2+ palpable distal pulses.

**Assessments**

1. Lumbar radiculopathy - M54.16 (Primary)
2. Spinal instability, lumbar - M53.2X6
3. Right hip pain - M25.551
4. Left hip pain - M25.552

**Treatment****1. Lumbar radiculopathy**

PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeks

PROCEDURE: PT/OT Modalities PRN

Clinical Notes: After reviewing imaging done in the office today, reviewing external notes, external imaging, and history and discussing findings with the patient, and based off our exam here today, the patient has findings consistent with lumbar radiculopathy. Given the patient's findings I recommended she start with conservative management. I gave her a prescription to start PT and approved continued usage of her Meloxicam and tramadol prn with pain. The patient was also prescribed and given an LSO back brace for lumbar radiculopathy and spinal instability. The patient has weakness and instability which requires stabilization from a rigid orthosis. She will be placed on light duty with restrictions of no lifting greater than 10-15 lbs and no heights/ladders. She will follow up in 2 weeks.

**2. Spinal instability, lumbar**

Clinical Notes: The patient was also prescribed and given an LSO back brace for lumbar radiculopathy and spinal instability. The patient has weakness and instability which requires stabilization from a rigid orthosis.

3/5/24, 9:28 AM

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REED, Dorothea DOB: 08/06/1966 (57 yo F) Acc No. 22837 - WC DOS: 03/04/2024

**3. Right hip pain**PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeksPROCEDURE: PT/OT Modalities PRN

Clinical Notes: After reviewing imaging done in the office today, reviewing external notes, external imaging, and history and discussing findings with the patient, and based off our exam here today, the patient has findings consistent with bilateral hip pain. Given the patient's findings I recommended she start with conservative management. I gave her a prescription to start PT and approved continued usage of her Meloxicam and tramadol prn with pain. The patient was also prescribed and given an LSO back brace for lumbar radiculopathy and spinal instability, as I believe her hip pain is also being referred from her lumbar spine. The patient has weakness and instability which requires stabilization from a rigid orthosis. She will be placed on light duty with restrictions of no lifting greater than 10-15 lbs and no heights/ladders. She will follow up in 2 weeks.

**4. Left hip pain**PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeksPROCEDURE: PT/OT Modalities PRN**Procedures**Diagnostic Results:

Lumbosacral Spine X-Ray 1. lumbosacral 4-view x-rays done in the office today shows scoliosis and reduced intervertebral spacing at L4-L5 and L5-S1.

Pelvis X-Ray 1. bilateral hips and pelvis 3-view x-rays done in the office today shows no fracture.

Work/School Excuse:

Work Excuse Light duty until next appointment, no lifting greater than 15 lbs, no ladders/heights..

**Visit Codes**

99204 Office/Outpatient Visit New.

**Procedure Codes**

73522 Radex Hips Bilateral With Pelvis 3-4 Views

72110 Radex Spine Lumbosacral Minimum 4 Views

L0650 LSO SAGIT-CORNL CNTRL ANT PST PANL

**Follow Up**

2 Weeks



3/5/24, 9:28 AM

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Electronically signed by VINAY CHOPRA , MD on 03/04/2024 at  
05:29 PM EST

Sign off status: Completed

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Genesis Orthopaedic and Spine  
116 S EUCLID AVE  
WESTFIELD, NJ 07090-2184  
Tel: 908-588-2311  
Fax: 908-588-2319

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Progress Note: Vinay Chopra, MD 03/04/2024

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## Order Form

## Genesis Orthopaedic and Spine

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WESTFIELD, NJ, 07090-2184  
908-588-2311 908-588-2319

Req/Ctrl# (CD-): 93913

Vinay Chopra, MD

NPI: 1730329079

Sport Medicine

Reed, Dorothea, Female, 08/06/1966 ID: 22837 - WC

Today: 03/05/2024 09:27 AM

973-202-2611 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07016-2544

Order Date: 03/04/2024 01:45 PM

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: IWC086891

Insured Name: Reed, Dorothea

Address: 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07016-2544

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Modalities PRN	- M54.16, Lumbar radiculopathy - M25.551, Right hip pain - M25.552, Left hip pain	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

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Reed, Dorothea, F, 08/06/1966

## Order Form

## Genesis Orthopaedic and Spine

116 S EUCLID AVE,  
WESTFIELD, NJ, 07090-2184  
908-588-2311 908-588-2319

Req/Ctrl# (CD-): 93913

Vinay Chopra, MD

NPI: 1730329079

Sport Medicine

Reed, Dorothea, Female, 08/06/1966 ID: 22837 - WC

Today: 03/05/2024 09:27 AM

973-202-2611 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07016-2544

Order Date: 03/04/2024 01:45 PM

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: IWC086891

Insured Name: Reed, Dorothea

Address: 235 BIRCHWOOD AVE, APT 118, CRANFORD, NJ 07016-2544

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Eval and Treat 3x/week for 2 weeks	- M54.16, Lumbar radiculopathy - M25.551, Right hip pain - M25.552, Left hip pain	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

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