

10/14/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

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Kupchak, Christopher
321 EAST 4TH AVE
ROSELLE, NJ 07203**PATIENT**
H-Phone: (908)-456-4106
W-Phone: () - -
C-Phone: () - -
Race : White
Account: 15292
DOB : 09/09/1986
Sex : M
Chart:Co#: 70 Policy#: PJWC089072
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860**PRIMARY INSURANCE**
Insured Name: CHRISTOPHER KUPCHAK
DOB : 09/09/1986
Group Number:
Plan Name :
Onset Date : 08/28/24

Name : PATIENTS CHOICE

Phone:
Fax :Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619**DIAGNOSTIC IMAGING ORDER**
Ordered : 10/14/24 3:14 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 17958
Phone : (908)-364-7801
Fax : (908)-222-2757UPIN : NPI: 1558360222
Id : 147-2470918**Test Name:**
MRI Lumbar Spine W/O Contrast
Dx: S33.5xxD Sprain of ligaments of lumbar spine, subsequent encounter
Priority
Routine
Acc#
7958-9116**PRACTICE MESSAGE**

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:



Date:

10/14/24