

# F A X S H E E T

Date: 05/29/2024 12:54:05 AM  
To: Winter, Lucia  
Subject: Lab Orders  
Fax Number: 973-940-1852  
To Company:  
From Name: Gross,Deborah  
From Company: 1 Advanced Ortho Freehold  
From Facility: 1 Advanced Ortho Freehold  
Support Contact: 732-720-2555  
Number of Pages(s): 2

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## Order Form

### 1 Advanced Ortho Freehold

📍 301 PROFESSIONAL VIEW DR, Pond View Professional Park

FREEHOLD, NJ, 07728-7904

📞 732-720-2555 🖨️

Req/Ctrl# (CD-): 1324237

**Stacey Gallacher, MD**

NPI: 1407018948

Orthopedic Surgery

**Renna, Salvatore, Male, 05/07/1991 ID: 206876**

**Home:** 908-494-0265 **Cell:** 908-494-0265 📍 43 BAIRD RD, MILLSTONE TOWNSHIP, NJ, US 08535-8180

**Email:** salvatore.renna@yahoo.com

**Today: 05/29/2024 12:53 PM**

**Order Date: 05/29/2024 07:50 AM**

#### RESPONSIBLE

#### PARTY/GUARANTOR INFO:

**Name:** Renna, Salvatore

**DOB:** 05/07/1991

**Primary Insurance Name:** DH Alternative Risk Solutions

**Insurance Phone:** 973-940-1851

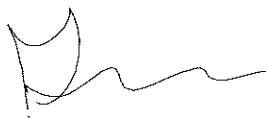
**Insurance Address:** P.O. Box 68 , Newton , NJ , 07860

**Subscriber Number:** GSCR085787

**Insured Name:** Renna, Salvatore

**Address:** 43 BAIRD RD, MILLSTONE TOWNSHIP, NJ, US 08535-8180

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	<b>ARTHROGRAM-RT WRIST</b>	- M25.531, Right wrist pain	



**Electronically Signed By: Stacey Gallacher, MD**

**Signature of Patient/Guardian**

Order generated by eClinicalWorks (www.eclinicalworks.com)

**Renna, Salvatore, M, 05/07/1991**