

Order Form**F-Seaview Orthopaedic**

222 Schanck Road, Ste 300

Freehold, NJ, 077282974

732-462-1700 732-303-8314

Req/Ctrl# (CD-): 6146793

Grigory Goldberg, MD

NPI: 1033142112

Provider Code: 653877

Orthopedic Surgery

Today: 07/30/2024 04:08 PM

Order Date: 07/30/2024 03:15 PM

Ruiz, Jose, Male, 05/06/1955 ID: 781520

Cell: 732-207-1616 60 MADISON AVE, Perth Amboy, NJ, US 08861

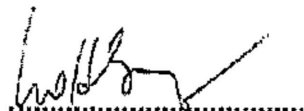
RESPONSIBLE PARTY/GUARANTOR INFO:

Name: City of Perth Amboy,

DOB:

Primary Insurance Name: D and H Management Corp WC**Insurance Phone:** 973-940-1851**Insurance Address:** PO Box 68 , Newton , NJ , 07860**Subscriber Number:** PJWC087608**Insured Name:** City of Perth Amboy,**Address:** 14 Brookwood Parkway, Jackson, NJ 08527

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	MRI Cervical Spine wo Notes: Patient to hand carry disc/fax all reports to 732-303-8314	No	- S13.9XXA, Neck sprain, initial encounter	



Electronically Signed By: Grigory Goldberg, MD

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Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Ruiz, Jose, M, 05/06/1955