

## EDISON-METUCHEN ORTHOPAEDIC GROUP

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### MRI Imaging Request Form

Please contact our office if you have not heard from our office or the Facility in 5 business days.

**All Insurance:** We need the name & location of MRI facility to proceed with authorization.

If you do not know the facility before you leave our office, please call us back at 732-839-1942. If you have a worker's compensation claim, please call 732-839-1936 for status on authorization.

Account 92000

Name: Sean Sutton

DOB: 7/6/1971

Cell phone : (908) 400-4076

Home Phone: (908) 756-6580

Work Phone:

Date: 12/12/2022

Weight: Weight 200lbs

Sex: male

**Reason for test:** Wrist Pain. Evaluate for tendosynovitis of either the FCR or 1st dorsal compartment tendons.

**Diagnosis:**

M65.4 Radial styloid tenosynovitis [de Quervain], M65.831 Other synovitis and tenosynovitis, right forearm

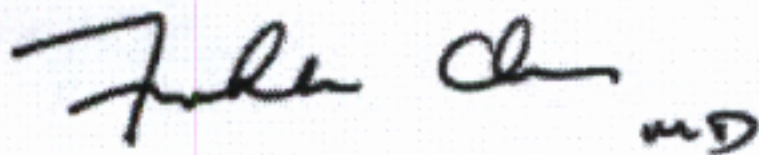
**Referring Physician:** Dr. Franklin Chen

**Precautions / Special Instructions:**

**Test Requested:**

MRI of the right wrist without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.



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Franklin Chen, M.D.