

Concentra Medical Centers (NJ)350 Grove St Bridgewater, NJ 08807
Phone: (908) 231-0777 Fax: (908) 722-6031**Service Date:** 09/25/2023**Referral Queue ID:** 480533158**Patient Referral****Patient Information:**

Patient:	Lukko, Michael T.	Home Phone:	(908) 370-3963
SSN:	XXX-XX-0971	Work Phone:	Ext:
Address:	20 Wentworth Rd	DOI:	09/22/2023
	BEDMINSTER, NJ 07921	DOB:	11/02/1985
		Cell Phone:	(908) 370-3963

Facility Referral Information:

Referral Status: Autoclose
Consult and treat

Priority: Routine

REFERRAL PRESCRIPTION**Recommended Facility:**

Facility Type: Test Center

Facility Service: MRI

Referral Purpose

Referral Focus	Hemisphere	Ruleout	Contrast
Ankle	Right	N/A	Without
		N/A	Without

Diagnosis

ICD9 Code	ICD10 Code	Description
845	S93.401A	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCINTR-S93.401A

Additional Notes:

Auto Create - MRI, Right Ankle without contrast

Date: 9/25/2023**Referring Provider:** James Bellamy, DO***** Provider Signature on File *********NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.