

Order Form

Genesis Orthopaedic and Spine WO

300 EXECUTIVE DR, STE 110
WEST ORANGE, NJ, 07062-3329
973-434-9575 973-434-9578

Req/Ctrl# (CD-): 93824

Matthew Griffin, MD

NPI: 1457500704

Sport Medicine

Torres, Frank, Male, 02/04/1970 ID: 22826-WC

Today: 02/26/2024 09:46 AM

732-277-0182 93 Lewis St, Perth Amboy, NJ 08861

Order Date: 02/23/2024 03:00 PM

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: TJWC088958

Insured Name: Torres, Frank

Address: 93 Lewis St, Perth Amboy, NJ 08861

| Priority | Test Name |
|----------|---|
| Routine | Vestibular Rehabilitation 3x/week for 4 weeks |

| Assessment(s) | Instructions |
|---------------|--------------|
|---------------|--------------|

| | |
|---|--|
| - S08.0X0A, Concussion without loss of consciousness, initial encounter | |
| - H81.90, Vestibular dysfunction after traumatic injury | |



Electronically Signed By: Matthew Griffin, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Torres, Frank, M, 02/04/1970

Order Form

Genesis Orthopaedic and Spine WO

300 EXECUTIVE DR, STE 110
WEST ORANGE, NJ, 07062-3329
973-434-9576 973-434-9578

Req/Ctrl# (CD-): 93824
Matthew Griffin, MD
NPI: 1457500704
Sport Medicine

Torres, Frank, Male, 02/04/1970 ID: 22826-WC

Today: 02/26/2024 09:46 AM

732-277-0182 93 Lewis St, Perth Amboy, NJ 08861

Order Date: 02/23/2024 03:00 PM

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: TJWC086958

Insured Name: Torres, Frank

Address: 93 Lewis St, Perth Amboy, NJ 08861

| Priority | Test Name | Assessment(s) | Instructions |
|----------|----------------------|---|--------------|
| Routine | PT/OT Modalities PRN | - S06.0X0A, Concussion without loss of consciousness, Initial encounter - H81.90, Vestibular dysfunction after traumatic injury | |



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Signature of Patient/Guardian

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