

# F A X S H E E T

Date: Nov-01-2023 09:03:13  
To: Wilkinson, Kristin  
Subject: Lab Orders  
Fax Number: 19739401852  
To Company:  
From Name: Gross,Deborah  
From Company: 1 Advanced Ortho Freehold  
From Facility: 1 Advanced Ortho Freehold  
Support Contact: 732-341-6226  
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, 077287904  
☎ 732-341-6226 🖨

Req/Ctrl# (CD-): 1258688  
**Stacey Gallacher, MD**  
NPI: 1407018948  
Orthopedic Surgery

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

☎ 908-494-0265 📍 43 Baird Rd, Perrineville, NJ, US 08535

Today: 11/01/2023 09:02 AM

Order Date: 11/01/2023 07:20 AM

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


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

**Subscriber Number:** GSCR085787

**Insured Name:** Renna, Salvatore

**Address:** 43 Baird Rd, Perrineville, NJ, US 08535

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	<b>MRI : Shoulder, right, w/o Contrast</b>	- S43.431A, Superior glenoid labrum lesion of right shoulder, initial encounter - M75.81, Right rotator cuff tendinitis	



Electronically Signed By: Stacey Gallacher, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks  
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Renna, Salvatore, M, 05/07/1991