

**Garden State Orthopaedic Associates, P.A.
Pre-Cert/Authorization Department
400 Franklin Turnpike, Suite 110
Mahwah, NJ 07430**

Date: 12/10/2024

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: JAMAR BROWN

Claim # 1WC089987

From: Candy Wright ext 2151
Pre-Cert Department Supervisor
Tel: 201-475-0019. Fax : 201-475-8740
Email: candacew@gardenstateortho.com

of pages: 2 (including this page)

☐ **Office Notes dated** _____

☐ **Prescription for Physical Therapy, Occupational Therapy or Work Conditioning**

☐ **Prescription for FCE**

☒ **Prescription for** MRI/CT/US/EMG (R) SHOULDER

☐ **Work Status Note**

☐ **Visco Injection**

☐ **Other**

Order Form**GSOA - Clifton**

925 CLIFTON AVE, STE 106
CLIFTON, NJ, 07013-2724
973-330-0700 973-928-2805

Req/Ctrl# (CD-): 175756

Steven B. Shamash, DO

NPI: 1780841312

Hand Surgery

BROWN, JAMAR, Male, 11/13/1984 ID: 547863

94 CAMPFIELD ST, IRVINGTON, NJ 07111-3002

Today: 12/10/2024 01:12 PM

Order Date: 12/09/2024 02:45 PM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS

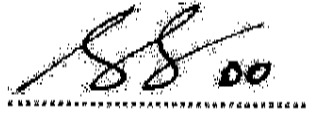
Insurance Address: PO BOX 88 , NEWTON , NJ , 07860-0069

Subscriber Number: IWC089987

Insured Name: Irvington Township,

Address: 1 CIVIC SQ, IRVINGTON, NJ 07111-2997

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	MRI : Shoulder without contrast, Right	- S40.011A, Contusion of right shoulder, initial encounter	Please provide disc to patient for their next appt.



Electronically Signed By: Steven B. Shamash, DO

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

BROWN, JAMAR, M, 11/13/1984