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

Date: 1/10/2023

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1862

Re: RICKY CRAWFORD **Claim #** DVS0815611

From: **Andrea Vachon x2151**
Pre-Cert Department Manager
Tel: 201-475-0019. Fax : 201-475-8740
Email: andreav@gardenstateortho.com

# of pages: 3 **(including this page)**

___ **Office Notes dated** _____

X **Prescription for Physical Therapy, Occupational Therapy or Work Conditioning** CONT

___ **Prescription for FCE**

X **Prescription for MRI/CT/US/EMG** R WRIST

___ **Work Status Note**

___ **MG-2/C-4 Form**

___ **Other**

STEVEN B.SHAMASH D.O.
License #25MB08384800 NPI# 1780841312
ORTHOPAEDIC SURGERY

GARDEN STATE ORTHOPAEDIC ASSOCIATES, P.A.
28-04 BROADWAY, FAIR LAWN, NJ 07410
400 FRANKLIN TPK,SUITE112, MAHWAH, NJ 07430
33-41 NEWARK STREET, HOBOKEN, NJ 07030
925 CLIFTON AVE, SUITE 106, CLIFTON, NJ 07013
22 MADISON AVE, SUITE 202, PARAMUS, NJ 07652
2 SYLVAN WAY, PARSIPPANY, NJ 07054
Pre-certification: Phone: (201) 475-0019 FAX: (973) 685-9779

Name: Ricky Crawford D.O.B: 07/20/1984 38 years

Address: 94 Orchard Street
Garfield, NJ 07026

Patient's Phone#: 973-817-5695 Alternate Phone #: 973-817-5695

ACCOUNT NUMBER: 1027195

Rx:

RIGHT. WRIST. MRI Without Contrast.CLOSED.

Procedures ordered or performed:
MRI: DX 1: M25.531.

Diagnosis: Pain in right wrist 01-09-23

Please give DISC to patient.

Provider Signature: *Steven B. Shamash, D.O.*

Date: 01-09-2023

INS.CO: D&H Alternative Risk Solutions
PO Box 68FredonNJ07860

Authorization #: Contact Name: Facility:

Expiration:

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Brian P. VanGrouw, D.O. Ryan T. Cassilly, M.D.
Frederick F. Fakharzadeh, M.D. Erik C. Zachwieja,M.D. Seth R. Queler, M.D.
William G. Thomson, PA-C Bryan D. Sheldon, PA-C Long K. Bui-Le, PA-C
Jeffrey R. Lee, PA-C Justin P. VanGrouw, PA-C

THERAPY PRESCRIPTION

NAME: *Ricky Crawford*

DATE OF BIRTH: **07/20/1984 38 years** y.o.

DATE: 01-09-2023

ACCOUNT NUMBER: 1027195

PHYSICAL THERAPY

DIAGNOSIS: Right WRIST PAIN

FREQUENCY: *2 x per week x 3 weeks*

Continuation of Present Treatment

Modalities as needed

***OTHER*:**

I CERTIFY THAT THE ABOVE IS MEDICALLY NECESSARY FOR THE FOLLOWING GOALS:
GOALS;

GAIT TRAINING:

Provider Signature: *Steven B. Shamash, D.O.*

******PLEASE SEND MOST RECENT DAILY NOTES/PROGRESS REPORT TO PHYSICIAN PRIOR TO PATIENT'S APPOINTMENT WITH THIS OFFICE ******