

Order Form

FR105-Seaview Orthopaedic
222 Schanck Road, Ste 105
Freehold, NJ, 07728-3068
732-660-6200 732-677-1054

Req/Ctrl# (CD-): 6066014
Eric Beights, D.P.M
NPI: 1154792364
Provider Code: 543643
Podiatry - Surgical Chiroprody

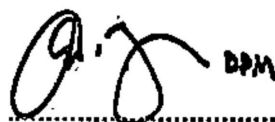
Today: 05/14/2024 09:29 AM
Order Date: 05/14/2024 09:00 AM

KUPCHAK, Christopher, , 09/09/1986 ID: 778160
Cell: 908-456-4106 321 EAST 4TH Ave, Roselle, NJ, US 07203

RESPONSIBLE PARTY/GUARANTOR INFO:
Name: KUPCHAK, Christopher
DOB: 09/09/1986

Primary Insurance Name: D and H Management Corp WC
Insurance Phone: 973-940-1851
Insurance Address: PO Box 68 , Newton , NJ , 07860
Subscriber Number: PJWC087874
Insured Name: KUPCHAK, Christopher
Address: 321 EAST 4TH Ave, Roselle, NJ, US 07203

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	MRI Ankle, right w/o contrast	No	- S90.31XA, Contusion of right foot, initial encounter - S94.21XA, Injury of right deep peroneal nerve at ankle level, initial encounter	



Electronically Signed By: Eric Beights, D.P.M

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

KUPCHAK, Christopher, Unknown, 09/09/1986

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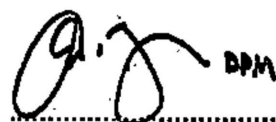
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