

EDISON-METUCHEN ORTHOPAEDIC GROUP

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MRI Imaging Request Form

Please contact our office if you have not heard from our office or the Facility in 5 business days.

All Insurance: We need the name & location of MRI facility to proceed with authorization.

If you do not know the facility before you leave our office, please call us back at 732-839-1942. If you have a worker's compensation claim, please call 732-839-1936 for status on authorization.

Account 38148	Cell phone : (732) 829-0405	Date: 4/19/2023
Name: Magaliz Gonzalez	Home Phone: (732) 442-1806	Weight: Weight 140lbs
DOB:1/25/1962	Work Phone: (732)366-2120	Sex:female

Reason for test:Shoulder Pain

Diagnosis:

Left shoulder torn anterior labrum, torn rotator cuff (supraspinatus and subscapularis tendons), proximal biceps tendinitis, bursitis, acromioclavicular impingement.

Referring Physician:Dr. Matthew Garfinkel

Precautions / Special Instructions:***PRIOR LEFT SHOULDER ARTHROSCOPY WITH DEBRIDEMENT OF TORN ANTERIOR LABRUM, DEBRIDEMENT OF TORN ROTATOR CUFF (SUPRASPINATUS AND SUBSCAPULARIS TENDONS), PROXIMAL BICEPS TENOTOMY, BURSECTOMY AND ACROMIOPLASTY, DISTAL CLAVICLE EXCISION. **

Test Requested:

MRI of the left shoulder without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.



Matthew J. Garfinkel, M.D.