

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

Date: 11/22/2022

Attention: CAROLINA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: QUINTIN PENDER

Claim # INCOBILU701

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

of pages: 4 (including this page)

- ☐ Office Notes dated _____
- ☒ Prescription for CONT Physical Therapy, Occupational Therapy or Work Conditioning
- ☐ Prescription for FCE
- ☒ Prescription for MR/CT/US/EMG LSHOULDER
R KNEE
- ☐ Work Status Note
- ☐ MG-2/C-4 Form
- ☐ Other

DOUGLAS S. HOLDEN, M.D.
License #MA 72328 NPI# 1861469694
ORTHOPAEDIC SURGERY

GARDEN STATE ORTHOPAEDIC ASSOCIATES, P.A.
28-04 BROADWAY, FAIR LAWN, NJ 07410
400 FRANKLIN TPK, SUITE 112, 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: Quintin Ponder D.O.B: 03/19/1985 37 years

Address: 17 GARY LANE
Willingboro, NJ 08046

Patient's Phone#: 973-652-0474 Alternate Phone #: 973-652-0474

ACCOUNT NUMBER: 1195396

Rx:

LEFT SHOULDER. MRI Without Contrast.

Procedures ordered or performed:
MRI: DX 1: S43.402D.

Diagnosis: Unspecified sprain of left shoulder joint, subsequent encounter 11-21-22 00:00:00
Unspecified sprain of right shoulder joint, subsequent encounter 11-21-22 00:00:00
Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter 11-21-22 00:00:00
Pain in right knee 11-21-22
Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter 11-01-22 00:00:00
Unspecified sprain of left shoulder joint, initial encounter 11-01-22 00:00:00
Unspecified sprain of right shoulder joint, initial encounter 11-01-22 00:00:00

Please give DISC to patient.



Provider Signature: Douglas S. Holden, M.D.

Date: 11-21-2022

INS.CO: ?
????

Authorization #:

Contact Name:

Facility:

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Address: 17 GARY LANE
Willingboro, NJ 08046

Patient's Phone#: 973-652-0474 Alternate Phone #: 973-652-0474

ACCOUNT NUMBER: 1195396

Rx:

RIGHT. KNEE. MRI Without Contrast.

Procedures ordered or performed:
MRI: DX 1: M25.561.

Diagnosis: Unspecified sprain of left shoulder joint, subsequent encounter 11-21-22 00:00:00
Unspecified sprain of right shoulder joint, subsequent encounter 11-21-22 00:00:00
Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter 11-21-22 00:00:00
Pain in right knee 11-21-22
Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter 11-01-22 00:00:00
Unspecified sprain of left shoulder joint, initial encounter 11-01-22 00:00:00
Unspecified sprain of right shoulder joint, initial encounter 11-01-22 00:00:00

Please give DISC to patient.



Provider Signature: Douglas S. Holden, M.D.

Date: 11-21-2022

INS.CO: ?
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*Douglas S. Holden, M.D. Adam D. Bernstein, M.D. Steven B. Shamash, D.O.
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: *Quintin Ponder*

DATE OF BIRTH: *03/19/1985 37 years y.o.*

DATE: *11-21-2022*

ACCOUNT NUMBER: *1195396*

PHYSICAL THERAPY

DIAGNOSIS: *unspecified sprain of left and right shoulder joint--pain in right knee*

FREQUENCY: *3 x per week x 2 weeks*

Continuation of Present Treatment

Modalities as needed

OTHER:

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

GOALS: *IMPROVE ROM, IMPROVE STRENGTH and DECREASE PAIN*

GAIT TRAINING:

Provider Signature: *Douglas S. Holden, M.D.*

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