

12/09/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

Muhammad, Bahiya
1391 DOREMUS PL
HILLSIDE, NJ 07205PATIENT
H-Phone: (973)-885-2720 DOB: 06/05/1980
W-Phone: () - -
C-Phone: (973)-885-2720 Sex: F
Race: Black / African America Chart:
Account: 15535Co#: 70 Policy#: EST089859
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860PRIMARY INSURANCE
Insured Name: BAHYA MUHAMMAD
DOB: 06/05/1980
Group Number:
Plan Name:
Onset Date: 11/13/24

Name: PATIENTS CHOICE

Phone:
Fax:Status: Ordered
Doctor: Warshawer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619DIAGNOSTIC IMAGING ORDER
Ordered: 12/09/24 4:47 pm
Sched: 00/00/00
Acquired: 00/00/00
Req#: 8110
Phone: (908)-364-7801
Fax: (908)-222-2757UPIN: NPI: 1558360222
ID: 147-2470918Test Name: MRI Shoulder W/O Contrast Right
Priority: Routine
Acc#: 8110-9287
Dx: S43.401D Unspecified sprain of right shoulder joint, subs enctr

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 12/09/24 at 4:48 pm

12/09/24

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Muhammad, Bahiya
1391 DOREMUS PL
HILLSIDE, NJ 07205PATIENT
H-Phone: (973)-885-2720 DOB : 06/05/1980
W-Phone: ()- -
C-Phone: (973)-885-2720 Sex : F
Race : Black / African America Chart:
Account: 15535Co#: 70 Policy#: HST089859
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860PRIMARY INSURANCE
Insured Name: BAHIYA MUHAMMAD
DOB : 06/05/1980
Group Number:
Plan Name :
Onset Date : 11/13/24

Name : PATIENTS CHOICE

Phone:
Fax :Status: Ordered
Doctor: Warshawer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619
UPIN : NPI: 1558360222
Id : 147-2470918DIAGNOSTIC IMAGING ORDER
Ordered : 12/09/24 4:47 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 8109
Phone : (908)-364-7801
Fax : (908)-222-2757Test Name: MRI Lumbar Spine W/O Contrast
Dx: S33.5xxD Sprain of ligaments of lumbar spine, subsequent encounter
Priority Routine
Acc# 8109-9286

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 12/09/24 at 4:47 pm

12/09/24

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Patient Diagnostic Imaging Order Requisition

Page 1

Muhammad, Bahiya
1391 DOREMUS PL
HILLSIDE, NJ 07205

PATIENT

H-Phone: (973)-885-2720 DOB: 06/05/1980
W-Phone: () - -
C-Phone: (973)-885-2720 Sex: F
Race: Black / African America Chart:
Account: 15535

PRIMARY INSURANCE

Co#: 70 Policy#: HST089859
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860Insured Name: BAHYA MUHAMMAD
DOB: 06/05/1980
Group Number:
Plan Name:
Onset Date: 11/13/24

FACILITY INFORMATION

Name: PATIENTS CHOICE

Phone:
Fax:

DIAGNOSTIC IMAGING ORDER

Status: Ordered
Doctor: Warshawer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAIN SIDE, NJ 07092-2619
UPIN: NPI: 1558360222
Id: 47-2470918Ordered: 12/09/24 4:47 pm
Sched: 00/00/00
Acquired: 00/00/00
Req#: 8108
Phone: (908)-364-7801
Fax: (908)-222-2757Test Name:
MRI Cervical Spine W/O ContrastPriority
Routine
Acc#
8108-9285

Dx: S13.4xxA Sprain of ligaments of cervical spine, initial encounter

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 12/09/24 at 4:47 pm