

12/05/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

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Leiva, Jessica
1025 W BLANCKE ST APT 8C
LINDEN, NJ 07036

PATIENT
H-Phone: () - - DOB : 11/23/1986
W-Phone: () - -
C-Phone: (732) - 824-1424 Sex : F
Race : White Chart :
Account: 15471

Co#: 70 Policy#: PJWC089558
D & H RISK MGMNT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: JESSICA LEIVA
DOB : 11/23/1986
Group Number :
Plan Name :
Onset Date : 10/12/24

FACILITY INFORMATION

Name : PATIENTS CHOICE

Phone :
Fax :

DIAGNOSTIC IMAGING ORDER

Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
3 PROGRESS STREET, SUITE 1
EDISON, NJ 08820-1180

Ordered : 12/05/24 4:23 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 8096
Phone : (908) - 364-7801
Fax : (908) - 222-2757

UPIN : NPI:1558360222
Id : 47-2470918

Test Name:

MRI Elbow W/O Contrast Right

Priority
Routine

Acc#
8096-9275

Dx: S50.01xD Contusion of right elbow, subsequent encounter
Dx: M77.11 Lateral epicondylitis, right elbow
Dx: M25.521 Pain in right elbow

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 12/05/24 at 4:24 pm.