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**HAND • SURGERY  
SPECIALISTS • LLC**

## F A X C O V E R S H E E T

To:	<b>D&amp;H Risk Solutions / Kirstin Wilkinson</b>	From:	<b>JoAnne Di Mari</b>
Fax:	<b>973 940 1852</b>	# Pages	<b>including cover page</b>
Phone:		Date:	<b>10/6/23</b>
Re:	<b>Lisa Rodriguez</b>	Claim #:	<b>HST 085491</b>

**Good Day**

**The hand therapy RX is attached, please arrange ONLY with a certified hand therapist, CHT, or OT with years of hand experience to begin 10/17/23.**

**The patient's first post-op appointment is scheduled for 10/16/23 at our Piscataway office.**

**Please advise where and when patient is scheduled.**

**Thank you for your assistance in scheduling the patient's hand therapy.**

**JoAnne DiMari**

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Thank You*



**Peter S.H. Chan, MD**

28 Wills Way, Piscataway Township, NJ 08854

(908) 470-HAND (4263)

Fax: (908) 470-0001

**Hand Therapy Referral**

**Date:** 10/5/2023

**Patient:** Rodriguez, Lisa

**Schedule ONLY With  
Certified Hand Therapist  
or Occupational Therapist**

**Diagnosis:** Left ring finger middle phalanx fracture

**Rx:**

This prescription will be a placeholder, please construct a hand-based splint, including the ring finger, intrinsic plus position, including the DIP joint. Depending upon what fixation is achieved, I will update his prescription after the surgery to reflect if range of motion is indicated.

Select

Frequency: Just for splint

Splint: As above

Range of Motion:

Strengthening:

Other:

Modalities as Needed.

Additional Instructions:

**Schedule ONLY With  
Certified Hand Therapist  
or Occupational Therapist**

**Peter S.H. Chan, MD**

**\*\* Voice recognition software is being used to generate this report. Please excuse any typographical errors or grammatical errors. \*\***

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