

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 136895

Name: Ivette Rios

DOB: 8/25/1972

Cell phone : (848) 207-8552

Home Phone:

Work Phone: (732) 826-0183

Date: 6/6/2023

Weight: Weight 201lbs

Sex: female

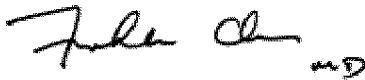
Reason for test: Elbow Pain. Rule out medial epicondylitis. Rule out ligament tear**Diagnosis:**

S53.432D Radial collateral ligament sprain of left elbow, subsequent encounter, S53.442D Ulnar collateral ligament sprain of left elbow, subsequent encounter, M77.02 Medial epicondylitis, left elbow, M77.12 Lateral epicondylitis, left elbow, G56.22 Lesion of ulnar nerve, left upper limb

Referring Physician: Dr. Franklin Chen**Precautions / Special Instructions:****Test Requested:**

MRI of the left elbow without contrast

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



Franklin Chen, M.D.