

Order Form

Genesis Orthopaedic and Spine WO

300 EXECUTIVE DR, STE 110
WEST ORANGE, NJ, 07052-3329
973-434-9575 973-434-9578

Req/Ctrl# (CD-): 99685

Vinay Chopra, MD

NPI: 1730329079

Sport Medicine

Bailey, Eric, Male, 12/19/1992 ID: 23602-WC

Home: 862-300-8545 14 KUNA TER, IRVINGTON, NJ, US 07111-3021

Email: ebailey@irvingtonpolice.com

Today: 06/19/2024 04:32 PM

Order Date: 06/18/2024 03:30 PM

RESPONSIBLE PARTY/GUARANTOR INFO:

Name: Bailey, Eric

DOB: 12/19/1992

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Phone: 973-940-1851

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: IWC088243

Insured Name: Bailey, Eric

Address: 14 KUNA TER, IRVINGTON, NJ, US 07111-3021

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Eval and Treat 3x/week for 2 weeks	- M54.2, Cervicalgia - M25.511, Acute pain of right shoulder	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Bailey, Eric, M, 12/19/1992