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☐ 197 Ridgedale Ave, 3rd floor Cedar Knolls, NJ 07927 Fax: 973-267-6882 (Sport) Fax 973-538-4081 (Joint)		1590 Route 206 Bedminster, NJ 07921 Fax:908-234-2022	□109 US Highway 46 East Denville, NJ 07834 Fax: 973-625-1594	☐ 757 Route 15 Lake Hopatcong, NJ 07849	
	PHY	SICAL TH	ERAPY ORD)ER	
Date:	09/12/202	09/12/2024			
Patient: DOB:	Morristow (201) 887	lin Street Apt. 3D1 n, NJ 07960	Gender: F	-èmala	
		+ 10 year		ciliale	
Insurance; Insurance ID#: Subscriber;	MT08602	Alternative Risk Solutions 3 Compensation	Secondary		
Ordering Provider: NPI #:	Anthony 19428124	M. Cicalese PA-C 58			
Therapy Ordered:	Right Kno	ее - s/p R TKR 8/30/24			
Diagnosis:	Z96.651 - Presence of right artificial knee joint				
Note/Instructions:	Modalities Strengthe C H Q	uil uil - Stationary Bike - At therapist's discretion ning- ore ip uadriceps/Hamstrings astrocsoleus			
	2-3 x wee	k x 12 sessions	Inthony Cicalise P	a'-C	

Signature:

Anthony M. Cicalese PA-C