

GARDEN STATE ORTHOPAEDIC ASSOCIATES, P.A.
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925 CLIFTON AVE, SUITE 106, CLIFTON, NJ 07013
22 MADISON AVE, SUITE 202, PARAMUS, NJ 07652
2 SYLVAN WAY, PARSIPPANY, NJ 07054
Pre-certification: Phone: (201) 475-0019 FAX: (201) 475-8740

Douglas S. Holden, M.D. Adam D. Bernstein, M.D. Steven B. Shamash, D.O.
Brian P. VanGrouw, D.O. Ryan T. Cassilly, M.D.
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William G. Thomson, PA-C Bryan D. Sheldon, PA-C Long K. Bui-Le, PA-C
Jeffrey R. Lee, PA-C Justin P. VanGrouw, PA-C

THERAPY PRESCRIPTION

NAME: Ricky Crawford

DATE OF BIRTH: 07/20/1984 38 years y.o.

DATE: 04-13-2023

ACCOUNT NUMBER: 1027195

PHYSICAL THERAPY

DIAGNOSIS: right wrist s/p TFCC debridement

FREQUENCY: 3 x per week x 4 weeks

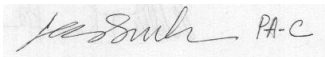
Evaluation & Treatment

Modalities as needed

OTHER:

**I CERTIFY THAT THE ABOVE IS MEDICALLY NECESSARY FOR THE FOLLOWING GOALS:
GOALS:**

GAIT TRAINING:



Provider Signature: Long Bui-Le, PA-C

*****PLEASE SEND MOST RECENT DAILY NOTES/PROGRESS REPORT TO PHYSICIAN PRIOR TO
PATIENT'S APPOINTMENT WITH THIS OFFICE *****

Electronically signed by: av 04-14-2023 10:29 a.m.