

PMS ID: Sex: DOB: Phone: MRN:  
113646PAT000358255 Male 11/26/1977 (908) 358-5374 MM0000151087

---

Orders - June 22, 2023

PMS ID: Sex: DOB: Phone: MRN:  
113646PAT000358255 Male 11/26/1977 (908) 358-5374 MM0000151087

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME <b>Gwizdz</b>		FIRST NAME <b>Michael</b>		LAST NAME <b>Gwizdz</b>		FIRST NAME <b>Michael</b>	
SSN	DATE OF BIRTH <b>11/26/1977</b>	SEX <b>Male</b>	MRN <b>MM0000151087</b>	RELATIONSHIP TO PATIENT <b>Self</b>			
STREET ADDRESS <b>234 Ukionoma drive</b>				STREET ADDRESS <b>234 Ukionoma drive</b>			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY <b>Brick</b>		STATE <b>NJ</b>	ZIP CODE <b>08723</b>	CITY <b>Brick</b>		STATE <b>NJ</b>	ZIP CODE <b>08723</b>
HOME PHONE	CELL PHONE <b>9083585374</b>	EMPLOYER NAME <b>Township Of Hillside</b>		HOME PHONE		WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME		RELATIONSHIP <b>Employer</b>		SUB. DOB		COMPANY NAME <b>Dietz &amp; Hammer Alternative Risk Solutions</b>	GRP/CONTRACT # <b>HST083711</b>
STREET ADDRESS <b>PO Box 68</b>				STREET ADDRESS CONTD.			
CITY <b>Newton</b>		STATE <b>NJ</b>	ZIP CODE <b>078600068</b>	EMPLOYER NAME <b>Hillside Township</b>			
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	S93.492A	Sprain of other ligament of left ankle, initial encounter					
PT/OT Rx							
<p>Physical and/or Occupational Therapy Prescription</p> <p>Indication: Ankle Sprain, Left - left ankle joint - S93.492A Recommend frequency of 3 times per week for 4 weeks.</p> <p>- Evaluate and Treat</p> <p>Modalities PRN therapeutic exercises Gait Training Stretch Muscle strength Stretch GAIT TRAINING FWB ROM</p> <p>Please fax reports to 732-612-1435 Additional Treatment Instructions: WORK CONDITIONING- (8 SESSIONS)</p> <p>Provider: Shane M Hollawell Priority: normal</p>							

Electronically Signed By: Shane M Hollawell, 06/22/2023 11:19 AM EDT