

160 E. Hanover Avenue, Suite 201
Morristown, NJ 07960

333 Mount Hope Avenue, Suite 140
Rockaway, NJ 07866

720 US 202/206 North, Bldg. 2
Bridgewater, NJ 08807

Mailing Address: P.O. Box 2266, Morristown, NJ 07962

Phone (973) 538-0900

Fax (973) 538-0909

STUDIES

Patient Name: Nolan, Glenn DOB: 5/14/1965 Date: 2/23/2024

Diagnosis:

Ref for Bone Bruise IV Comp fx
Ref LLE 2nd RL (ly Dist?)

PATIENTS: DO NOT BOOK YOUR STUDY UNTIL YOU HAVE CONTACTED OUR OFFICE SPECIALIST AT 973-538-0900 ext. 594 SO WE MAY SUBMIT THE AUTHORIZATION REQUEST.

Please Accept this as a Prescription / Request for:

☐ **X-RAY:** ☐ Lumbar Spine: AP / Lat / Flex / Ext ☐ Cervical Spine: AP / Lat / Flex / Ext

☐

☒ **MRI - with continuous axial images oriented parallel to disc spaces:**

☒ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine
☒ Without Contrast ☐ With Contrast ☐ With and without Contrast

☐

☐ **CT - with small cuts and sagittal and coronal reconstructions:**

☐ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine ☐ Bone windows only

☐

☐ **Myelogram / with follow up CT:** ☐ Lumbar spine ☐ Cervical Spine ☐ Thoracic Spine

☐ **Bone Scan:** ☐ Total Body ☐ Lumbar Spine / Pelvis / SPECT Images ☐ Other: ☐ Bone Density

☐ **EMG/NCV**

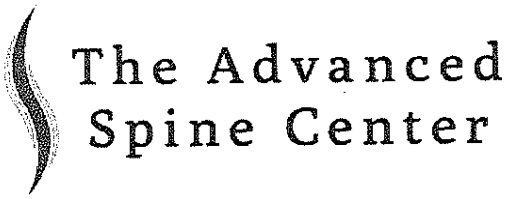
☐ **Blood Work:** ☐ CBC w/platelets ☐ ESR ☐ Rheum Factor ☐ HbA1C
☐ SMA-7 ☐ C- Reactive Protein ☐ ANA ☐ B12 / Folate
☐ SMA-20 ☐ SPEP ☐ Lyme Titer ☐ RPR
☐ PT/PTT ☐ PSA ☐ HLA-B27 ☐ T3 / FT4 / TSH

Sarah J. Ries, PA-C Michele Lohman, PA-C Tanya Lugo, PA-C

Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
Spine Surgery

George S. Naseef, M.D.
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Prescription for Physical Therapy

PATIENT NAME: Nolan, Glean

DATE: 2/23/2024

DIAGNOSIS: Cervical Strain S13.4XX Thoracic Strain S23.3XX Lumbar Strain S39.012 R / L SI Joint M46.1
Cervical Radic M54.12 Thoracic Radic M54.14 Lumbar Radic M54.16 R / L Shoulder M25.51

GOALS: Decrease Pain and Inflammation - Increase Strength and Range of Motion

☐ Wean from Brace

PRECAUTIONS: ☐ Post-op: Cervical / Thoracic / Lumbar

MODALITIES:

☒ THERAPIST'S DISCRETION
☐ HEAT
☐ COLD

☒ TRIAL OF TRACTION
☐ NO TRACTION
☐ T.E.N.S. TRIAL

☒ ULTRASOUND
☒ ELECTRIC STIMULATION
☒ MANUAL THERAPIES

EXERCISE:

☒ THERAPIST'S DISCRETION
☒ AROM

☐ FLEXION BIASED
☐ EXTENSION BIASED

☒ FUNCTIONAL ACTIVITIES
☒ PROGRESSIVE ACTIVITIES

PROGRAMS:

☒ TEACH HOME MAINTENANCE PROGRAM
☐ AQUATIC / POOL THERAPY

☐ FUNCTIONAL CAPACITY EVALUATION
☐ WORK CONDITIONING / HARDENING

FREQUENCY OF TREATMENT 3 DAYS PER WEEK

DURATION OF TREATMENT 2 WEEKS

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