

EDISON-METUCHEN ORTHOPAEDIC GROUP

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MRI Imaging Request Form

Please contact our office if you have not heard from our office or the Facility in 5 business days.

All Insurance: We need the name & location of MRI facility to proceed with authorization.

If you do not know the facility before you leave our office, please call us back at 732-839-1942. If you have a worker's compensation claim, please call 732-839-1936 for status of authorization.

Account 169050

Cell phone : (973)220-7704

Date: 6/25/2024

Name: Yasin Welch

Home Phone:

Weight 262lbs

DOB:4/27/1979

Work Phone:

Sex: male

Address: 1148 Old Freehold Rd Toms River NJ 08753

Insurance Dietz And Hammer

ID# PJWC0877788

Group ID

Insurance Address : Po Box 68 Newton NJ 07860

Reason for test:Knee Pain**Diagnosis:**

Left knee internal derangement and Grade II medial collateral ligament sprain

Referring Physician:Dr. Matthew Garfinkel**Precautions / Special Instructions:*****He is s/p for prior ACL reconstruction**Test Requested:**

MRI of the left knee without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.

**Patient Seen by:** Matthew J. Garfinkel, M.D.