

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 on authorization.

Account 167005

Cell phone : (732) 881-8887

Date: 3/28/2024

Name: Richard Novo

Home Phone:

Weight 195lbs

DOB:5/12/1993

Work Phone: (732)881-8887

Sex: male

Address: 80 Gordon Street Apt 2 Perth Amboy NJ 08861

Insurance Dietz And Hammer

ID# PJWC086272

Group ID

Insurance Address : Po Box 68 Newton NJ 07860

Reason for test:Shoulder Pain**Diagnosis:**

Right shoulder anterior dislocation, rotator cuff tendinitis vs tear, torn labrum and post-traumatic adhesive capsulitis.

please also evaluate for adhesive capulitus changes

Referring Physician:Dr. Matthew Garfinkel**Precautions / Special Instructions:*******please also evaluate for adhesive capulitus changes*******Test Requested:**

MRI of the right shoulder 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.