

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: Domingo Cepade DOB: 4/13/75 Date: 12/10/24

Diagnosis: _____

Encl neck pain (K) ut radi

MS4.12

MS4.2

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
W/O
☐ 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**

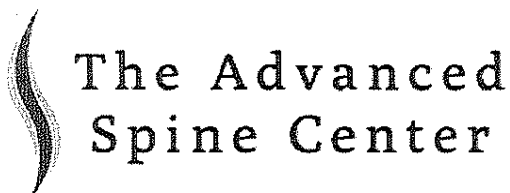
☐ **Blood Work:** ☐ CBC w/platelets ☐ ESR ☐ Rheum Factor ☐ HbA1C
☐ SMA-7 ☐ C- Reactive Protein ☐ ANA ☐ B12 / Folate
☐ SMA-20 ☐ SPEP ☐ Lyme Titer ☐ RPR
☐ PT/PTT ☐ PSA ☐ HLA-B27 ☐ T3 / FT4 / TSH

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.
Spine Surgery



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

CONSULTS

Patient Name: Domingo Cepeda

Date: 12/10/24

Diagnosis:

SLP (R) shoulder sp x 2

re-injury 11/18/24

and (R) shoulder vs cervical radicul vs plexus injury

☒ **Consult:** Please accept this as a request for a Consultation and Evaluation of the above patient.

- ☒ PM&R
 ☐ Neurology
 ☐ Pain Management
 ☐ Rheumatology
 ☐ Vascular
☐ Spine Surgeon
☐ Medicine
☐ Pre-operative Medical Evaluation
☐ _____

☒ **Studies and Procedures:** Please accept this as a Prescription or request for the following Study / Procedure:

- ☒ EMG/NCV Study:
☒ R / L Upper Extremity
☐ R / L Lower Extremity
☐ Arterial Vascular Evaluation: R / L Lower Extremity
☐ Venous Ultrasound Evaluation: R / L Lower Extremity
☐ Bone Density Study
☐ Epidural Steroid Injection:
☐ Trigger Point Injection:

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.
Spine Surgery