

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Jordan		FIRST NAME Laquran		LAST NAME Jordan		FIRST NAME Laquran	
SSN	DATE OF BIRTH 09/20/1976	SEX Male	MRN MM0000021755	RELATIONSHIP TO PATIENT Self			
STREET ADDRESS 30 Central Ave				STREET ADDRESS 30 Central Ave			
STREET ADDRESS CONTD. apt R3				STREET ADDRESS CONTD. apt R3			
CITY Orange		STATE NJ	ZIP CODE 07050	CITY Orange		STATE NJ	ZIP CODE 07050
HOME PHONE	CELL PHONE 8624003178	EMPLOYER NAME TOWNSHIP OF IRVINGTON		HOME PHONE	WORK PHONE		
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME		RELATIONSHIP Employer		SUB. DOB		COMPANY NAME D & H Alternative Risk Solutions	GRP/CONTRACT # IWC087551
STREET ADDRESS PO BOX 69				STREET ADDRESS CONTD. 83 Spring St suite 104			
CITY Newton		STATE NJ	ZIP CODE 07860	EMPLOYER NAME TOWNSHIP OF IRVINGTON			
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	M54.6	Pain in thoracic spine					
PT Rx - Thoracic Spine							
<p>Indication: Thoracic Spine Pain - thoracic spine - M54.6 Protocol: evaluate and treat per diagnosis/objective exam Recommend frequency of 2-3 times per week for 8 weeks - Therapeutic Exercises: All exercises prn per therapist. - Manual Therapy: All manual therapy prn per therapist. - Modalities: All modalities prn per therapist.</p> <p>Provider: Jay S Reidler Priority: normal</p>							

Electronically Signed By: Jay S Reidler, 04/13/2024 03:40 PM EDT