

Garden State Orthopaedic Associates, P.A.
Pre-Cert/Authorization Department
400 Franklin Turnpike, Suite 110
Mahwah, NJ 07430

Date: 3/4/2024

Attention: CAROLINA

To: 1H ALTERNATIVE RISK

Fax #: 973-940-1852

Re: EDWIN VELASCO

Claim # 1WCORL19802

From: Andrea Vachon x2151
Pre-Cert Department Manager
Tel: 201-475-0019. Fax : 201-475-8740
Email: andreav@gardenstateortho.com

of pages: 2 (including this page)

☐ Office Notes dated _____

☐ Prescription for Physical Therapy, Occupational Therapy or Work Conditioning

☐ Prescription for FCE

☒ Prescription for MRI/CT/US/EMG (R) KNEE

☐ Work Status Note

☐ MG-2/C-4 Form

☐ Other

Order Form**GSOA - Fair Lawn**

28-04 BROADWAY,

FAIR LAWN, NJ, 07410-3920

201-791-4434 201-791-9377

Req/Ctrl# (CD-): 102269

Erik C. Zachwieja, MD

NPI: 1386061588

Orthopedic Surgery

Velasco, Edwin, Male, 07/31/1974 ID: 1213680

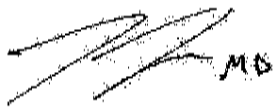
973-769-8326 61 PARK LN, SPRINGFIELD, NJ 07081-1644

Today: 03/04/2024 10:38 AM

Order Date: 03/01/2024 12:00 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS**Insurance Address:** PO BOX 68 , NEWTON , NJ , 07860-0069**Subscriber Number:** IWC08619802**Insured Name:** irvington fire department,**Address:** 1 CIVIC SQ, IRVINGTON, NJ 07111-2997

| Priority | Diagnostic Name | Assessment(s) | Instructions |
|----------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|
| Routine | MRI : Knee, right Notes: Wright, Candace 03/04/2024 10:38:04 AM EST > WITHOUT CONTRAST | - S83.91XD, Sprain of right knee, subsequent encounter | Please provide disc to patient for their next appt. |



Electronically Signed By: Erik C. Zachwieja, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Velasco, Edwin, M, 07/31/1974