

Order Form

GSOA - Fair Lawn

28-04 BROADWAY,
FAIR LAWN, NJ, 07410-3920
201-791-4434 201-791-9377

Req/Ctrl# (CD-): 65890

Ryan T. Cassilly, MD

NPI: 1235455924

Orthopedic Surgery

Demark, Randall, Male, 09/24/1995 ID: 533273

263 US HIGHWAY 46, OXFORD, NJ 07863-3434

Today: 09/08/2023 12:50 PM

Order Date: 09/08/2023 11:45 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS

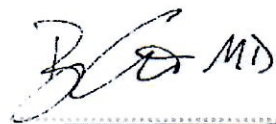
Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069

Subscriber Number: IWC084948

Insured Name: Demark, Randall

Address: 263 US HIGHWAY 46, OXFORD, NJ 07863-3434

Priority	Test Name	Assessment(s)	Instructions
Routine	PHYSICAL THERAPY Notes: evaluation and treatment. 3 times per week for 2 weeks. The following PT/OT has been ordered: Hot Packs, Cold Packs, Tens, Hill Rollers Therapeutic Exercise: Passive, Active, Resistive, Eccentric, Free Weights, Theraband	- S39.012A, Strain of muscle, fascia and tendon of lower back, initial encounter	



Electronically Signed By: Ryan T. Cassilly, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Demark, Randall, M, 09/24/1995