



Prescription for Post-Operative DME

TO : D & H Management

ATTN: Lucia Winter

FAX NO: 973-940-1852

CLAIM NUMBER: PJWC084730

RE: Anthony Colon

ACCOUNT NO: 775976

Date of Injury: 8/2/24

SS#:

DIAGNOSIS: S83.522A

REQUESTING PHYSICIAN: Christopher Spagnuola, MD

Date of Surgery:

DME ORDER:

☐ **E0218 Iceman includes pad**

Physician's Name: Christopher Spagnuola, MD

Date: 8/26/24

Physician Signature

Prescription for Post-Operative Physical Therapy

TO: D & H Management

ATTN: Lucia Winter

FAX NO: 973-940-1852

CLAIM NUMBER: PJWC084730

RE: Anthony Colon

ACCOUNT NO: 775976

Date of Injury: 8/2/24

SS#:

DIAGNOSIS:

REQUESTING PHYSICIAN: Dr. Spagnuola

PHYSICAL THERAPY ORDERS:

☒ PT Evaluate and Treat

Number of treatments per week - 3 Number of weeks - 2

To be started day after surgery

☐ OTHER:

Name: Christopher Spagnuola, MD

Date: 8/26/24



Physician Signature