Concentra Medical Centers (NJ)

Service Date: 05/10/2023

368 Lakehurst Rd Ste 206 Toms River, NJ 08755 Phone: (732) 557-9980 Fax: (732) 557-9985

Referral Queue ID: 440112737 Patient Referral

Patient Information:

Patient: Gwizdz, Michael K. Home Phone: (908) 358-5374

SSN: 136-76-6322 **Work Phone:** (908) 351-1700 **Ex**t

Address: 234 Oklahoma Dr **DOI**: 04/29/2023 **Cell Phone**: (908) 358-5374

BRICK, NJ 08723 **DOB:** 11/26/1977

Employer Contact:

Employer Location:Hillside Township Contact: Deon Wade

Address: 1401 Liberty Ave Role: HR

HILLSIDE, NJ 07205 Phone: (973) 926-3002 Ext.:

Auth. by: Fax:

Program:

Billing Information:

Carrier:Hillside TownshipAddress:1401 Liberty AveAddress:1401 Liberty Ave

HILLSIDE, NJ 07205 HILLSIDE, NJ 07205

Phone: Claim #:

Fax: Notes:

**NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.

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BRICK, NJ 08723 DOB: 11/26/1977

Facility Referral Information:

Referral Status: Autoclose

Consult and treat

Priority: Routine

REFERRAL PRESCRIPTION

Recommended Facility:

Facility Type: Test Center

Facility Service: MRI

Referral Purpose

Referral FocusHemisphereRuleoutContrastLower LegLeftN/AWithoutN/AWithout

Diagnosis

ICD9 Code ICD10 Code Description

845 S93.402A SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR-S93.402A

Additional Notes:

Auto Create - MRI, Left Tibia/Fibula; without contrast material

Date: 5/10/2023 Referring Provider: Maxwell Castor, PA-C

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