

**EDISON-METUCHEN ORTHOPAEDIC GROUP**

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**MRI Imaging Request Form**

Please contact our office if you have not heard from our office or the Facility in 5 business days.

**All Insurance:** We need the name & location of MRI facility to proceed with authorization.

If you do not know the facility before you leave our office, please call us back at 732-839-1942. If you have a worker's compensation claim, please call 732-839-1936 for status of authorization.

**Account 165352**

Cell phone : (732) 841-6108

Date: 9/11/2024

Name: Jorge Irizarry

Home Phone:

Weight 205lbs

DOB:2/18/1983

Work Phone:

Sex: male

Address: 126 Iron Ore Road Manalapan NJ 07726

**Insurance Dletz And Hammer**

ID# PJWC083998

Group ID

Insurance Address : Po Box 68 Newton NJ 07860

**Reason for test:** Knee Pain**Diagnosis:**

Right knee fully torn anterior cruciate ligament, torn medial meniscus, chondral injuries patella and medial femoral condyle.

**Referring Physician:** Dr. Matthew Garfinkel**Precautions / Special Instructions:** \*\*\*\* PATIENT HAS 2 METAL SCREWS IN HIS LEFT KNEE \*\*\*\*

\*\*\*\* He is s/p right knee arthroscopy with autograft bone-patellar tendon-bone anterior cruciate ligament reconstruction, partial medial meniscectomy, and chondroplasty medial femoral condyle \*\*\*\*

**Test Requested:**

MRI of the right knee without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.

**Patient Seen by:** Matthew J. Garfinkel, M.D.