

# FAXSHEET

Date: 06/21/2023 09:30:53 AM  
To: Wilkinson , Kristin  
Subject: Lab Orders  
Fax Number: 973-940-1852  
To Company:  
From Name: Weiss,Debra  
From Company: COMPREHENSIVE ORTHOPAEDICS MILLBURN  
From Facility: COMPREHENSIVE ORTHOPAEDICS MILLBURN  
Support Contact: 973-258-1177  
Number of Page(s): 2

**This facsimile transmission contains confidential information intended for the parties identified above. If you have received this transmission in error, please immediately notify me by telephone and return the original message to me at the address listed above. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.**

Order Form

COMPREHENSIVE ORTHOPAEDICS MILLBURN

235 Millburn Avenue, Suite 102

Millburn, NJ, 07041-1738

973-258-1177 973-258-1818

Req/Ctrl# (CD-): 289270

Daniel Richmond, MD

NPt 1851390959

Orthopedic Surgery

**Torres, Johnathan Angel, Male, 11/06/1998** ID: 107547

Today: 06/21/2023 09:29 AM

16 Coach St, Rahway, NJ, US 07065

Order Date: 06/20/2023 01:30 PM

Primary Insurance Name: Dietz & Hammer

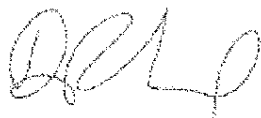
Insurance Address: PO Box 68 , Newton , NJ , 07860

Subscriber Number: 2023298792

Insured Name: Torres, Johnathan Angel

Address: 16 Coach St, Rahway, NJ, US 07065

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	<b>MRI : MRI - Arthrogram Shoulder, Left (w/ intra-articular contrast (ordered) CPT:73223</b>	- M25.512, Pain in Left Shoulder	Please Provide the Patient with a CD with the images upon completion
	Notes: R/O Labral tear and other structural abnormalities.		



Electronically Signed By: Daniel Richmond, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Torres, Johnathan Angel, Unknown, 11/06/1998