



160 E. Hanover Avenue, Suite 201
Morristown, NJ 07960

333 Mount Hope Avenue, Suite 140
Rockaway, NJ 07866

720 US 202/206 North, Bldg. 2
Bridgewater, NJ 08807

Mailing Address: P.O. Box 2266, Morristown, NJ 07962

Phone (973) 538-0900

Fax (973) 538-0909

CONSULTS / *emg-ncv* *LLR*

Patient Name: *Emmerson, Thomas* Date: *6/18/24*

Diagnosis: *LLR paravertebral IT neural*

D. - Yaw

☐ **Consult:** Please accept this as a request for a Consultation and Evaluation of the above patient.

- ☐ PM&R ☐ Neurology ☐ Pain Management ☐ Rheumatology ☐ Vascular
☐ Spine Surgeon ☐ Medicine ☐ Pre-operative Medical Evaluation ☐ _____

☒ **Studies and Procedures:** Please accept this as a Prescription or request for the following Study / Procedure:

- ☒ EMG/NCV Study: ☐ R / L Upper Extremity ☒ *L* Lower Extremity
☐ Arterial Vascular Evaluation: R / L Lower Extremity
☐ Venous Ultrasound Evaluation: R / L Lower Extremity
☐ Bone Density Study
☐ Epidural Steroid Injection:
☐ Trigger Point Injection:

Sarah J. Ries, PA-C Michele Lohman, PA-C Tanya Lugo, PA-C

Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
Spine Surgery

George S. Naseef, M.D.
Spine Surgery