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STUDIES

Patient Name: Peter Zulu DOB: 6/18/01 Date: 4/5/24

Diagnosis: _____

Low Back Pain T Fall M54.50

PATIENTS: DO NOT BOOK YOUR STUDY UNTIL YOU HAVE CONTACTED OUR OFFICE SPECIALIST AT 973-538-0900 ext. 594 SO WE MAY SUBMIT THE AUTHORIZATION REQUEST.

Please Accept this as a Prescription / Request for:

☐ X-RAY: ☐ Lumbar Spine: AP / Lat / Flex / Ext ☐ Cervical Spine: AP / Lat / Flex / Ext

☐

☒ MRI - with continuous axial images oriented parallel to disc spaces:

☒ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine

☒ Without Contrast ☐ With Contrast ☐ With and without Contrast

☐

☐ CT - with small cuts and sagittal and coronal reconstructions:

☐ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine ☐ Bone windows only

☐

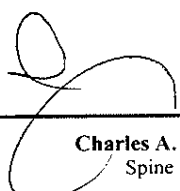
☐ Myelogram / with follow up CT: ☐ Lumbar spine ☐ Cervical Spine ☐ Thoracic Spine

☐ Bone Scan: ☐ Total Body ☐ Lumbar Spine / Pelvis / SPECT Images ☐ Other: ☐ Bone Density

☐ EMG/NCV

☐ Blood Work: ☐ CBC w/platelets ☐ ESR ☐ Rheum Factor ☐ HbA1C
☐ SMA-7 ☐ C- Reactive Protein ☐ ANA ☐ B12 / Folate
☐ SMA-20 ☐ SPEP ☐ Lyme Titer ☐ RPR
☐ PT/PTT ☐ PSA ☐ HLA-B27 ☐ T3 / FT4 / TSH

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