

# F A X S H E E T

Date: Jul-26-2023 04:23:58  
To:  
Subject: Patient Document  
Fax Number: 484-244-7130  
To Company:  
From Name: Desposito, Jaime  
From Company: Garden State Medical Center W  
From Facility: Garden State Medical Center W  
Support Contact:  
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**

**Garden State Pain Radiology Ctr**

1100 HIGHWAY 70,  
WHITING, NJ, 08759-1003  
732-849-0077 732-849-0015

Req/Ctr# (CD-): 883951  
**RAJIVAN MANIAM, MD**  
NPI: 1639460132  
Anesthesiology

**NEMETH, ALEXANDER, Male, 06/12/1943** ID: 54969  
732-408-0248 7 RADCLIFFE LN, MANCHESTER TOWNSHIP, NJ 08759-7301

Today: 07/12/2023 02:30 PM  
Order Date: 07/12/2023 01:15 PM

Primary Insurance Name: D AND H RISK SOLUTIONS  
Insurance Address: PO BOX 68 , NEWTON , NJ , 07860  
Subscriber Number: IRTW-10994014  
Insured Name: NEMETH, ALEXANDER  
Address: 7 RADCLIFFE LN, MANCHESTER TOWNSHIP, NJ 08759-7301

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	<b>XRAY Cervical Spine</b> Notes: attn for lead migration	- M54.2, Cervicalgia	
Routine	<b>Xray Lumbar Spine with flexion and extension</b> Notes: attn for lead migration	- M54.60, Low back pain, unspecified	
Routine	<b>xray thoracic spine</b> Notes: attn to lead migration	- M54.6, Pain in thoracic spine	

Electronically Signed By: **RAJIVAN MANIAM, MD**

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

**NEMETH, ALEXANDER, M, 06/12/1943**