

FAXSHEET

Date: 06/12/2023 11:53:18 AM
To: Wilkinson , Kristin
Subject: Referrals
Fax Number: 973-940-1852
To Company:
From Name: Menafro,Audra
From Company: COMPREHENSIVE ORTHOPAEDICS MILLBURN
From Facility: COMPREHENSIVE ORTHOPAEDICS MILLBURN
Support Contact: 973-258-1177
Number of Page(s): 4

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REFERRAL

Daniel Richmond, MD

Johnathan Angel
Torres

Orthopedic Surgery

11/06/1998

COMPREHENSIVE ORTHOPAEDICS MILLBURN

235 Millburn Avenue Suite 102, Millburn, NJ-07041-1738

Tel: 973-258-1177 Fax: 973-258-1818

Date: 06/12/2023

Patient Information:

Patient Name: Johnathan Angel Torres
Patient DOB: 11/06/1998
Patient Insurance: Dietz & Hammer
Patient Subscriber
No: 2023298792
Patient Address: 16 Coach St, Rahway, NJ, US 07065
Patient Phone:
Patient Work
Phone:
Patient Cell Phone: 973-856-0817
Patient SSN:

Insurance Information

Insurance Name: Dietz & Hammer
Subscriber Name: Torres, Johnathan Angel
Subscriber DOB: 11/06/1998
Subscriber No: 2023298792
Subscriber Group
No:
Subscriber
Address: 16 Coach St, Rahway, NJ, US 07065
Subscriber Phone:

Referral From Information:

Provider Name: Richmond, Daniel
Provider ID
Number:
Provider UPIN: G67470
Provider NPI: 1851390959
Provider Facility: COMPREHENSIVE ORTHOPAEDICS MILLBURN
Provider Speciality: Orthopedic Surgery
Address1: 235 Millburn Avenue
Address2: Suite 102
City, State, Zip: Millburn, NJ, 07041-1738
Phone: 973-258-1177
Fax: 973-258-1818

Referral To Information:

Provider Name:
Provider ID
Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider Speciality: PT (Physical Therapy)
Address1:
Address2:
City, State, Zip: , ,
Phone:
Appt. Date/Time: 06/08/2023 00:00:00 A
Fax:

Facility Tax ID Number:

REFERRAL

Daniel Richmond, MD

Johnathan Angel
Torres

Orthopedic Surgery

11/06/1998

COMPREHENSIVE ORTHOPAEDICS MILLBURN

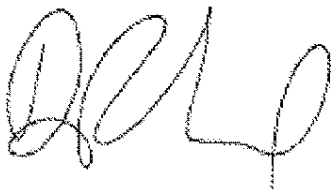
235 Millburn Avenue Suite 102, Millburn, NJ-07041-1738

Tel: 973-258-1177 Fax: 973-258-1818

Reason For Referral:

Authorization No:	Authorization Type:
Reason:	3x / week for 2 weeks (6 Visits), Left Shoulder Impingement Program, Cervical sprain periscapular program
Diagnosis:	M25.511 - Pain in Right Shoulder M54.2 - Pain in Neck / Cervicalgia
E/M Codes:	
Procedures:	
Visits Allowed:	6
Unit Type:	V (VISIT)
Start Date:	06/08/2023
End Date:	06/08/2024

Notes:
Clinical Notes:
Structured Data:



Provider NPI: 1851390959

Electronically signed by Daniel Richmond, MD on 06/12/2023 at 11:51 AM EDT