

Concentra Medical Centers (NJ)

16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408

Service Date: 10/11/2022

Referral Queue ID: 480496461

Patient Referral**Patient Information:**

Patient: Rodriguez, Jose Luis L.

SSN: 078-94-1351

Address: 305 hall ave Apt 1

PERTH AMBOY, NJ 08861

Home Phone:(732) 585-6355

Work Phone:

DOI: 10/11/2022

DOB: 04/22/1983

Ext:

Cell Phone:(732) 585-6355

Therapy Referral Information:

Referral Status: Pending Auth

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6

Treatments per Week: 3

Treatment Duration: 2 Weeks

Request Comments:

Auto Generated

Diagnosis

ICD9 Code ICD10 Code Description

840.3 S46.911A STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, II

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/11/2022

Referring Provider:

Shanthi Reddy, MD

*** Provider Signature on File ***

Number of Visits to Date: 0

Authorized

Total Treatments:

Treatments per Week:

Treatment Duration:

Authorization Comments:

Auth Number:

Effective Date:

Expiration Date:

Units Authorized:

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.