

Referral Queue ID: 480512003

**Patient Referral****Patient Information:**

<b>Patient:</b>	Perez, Jose M.	<b>Home Phone:</b>	(586) 520-1101
<b>SSN:</b>	299-87-8459	<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	170 grant st Perth amboy nj 1	<b>DOI:</b>	03/08/2023
	PERTH AMBOY, NJ 08861	<b>DOB:</b>	08/28/1970
		<b>Cell Phone:</b>	(732) 486-9991

**Therapy Referral Information:**

Referral Status: Pending Auth

**REFERRAL PRESCRIPTION**

Provider Type: Physical Therapist

**Requested**

<b>Total Treatments:</b>	6	<b>Request Comments:</b>
<b>Treatments per Week:</b>	3	Auto Generated
<b>Treatment Duration:</b>	2 Weeks	

**Additional Notes**

Auto Create - Physical Therapy Referral

Date: 03/09/2023

**Referring Provider:** Lucknie Ovince, PA  
\*\*\* Provider Signature on File \*\*\*

Number of Visits to Date: 0

**Authorized**

<b>Total Treatments:</b>	<b>Auth Number:</b>
<b>Treatments per Week:</b>	<b>Effective Date:</b>
<b>Treatment Duration:</b>	<b>Expiration Date:</b>
<b>Authorization Comments:</b>	<b>Units Authorized:</b>

**\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**  
Please send a copy of all reports on this patient to the payer and the center.