

EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • PH (732) 494-6226 • FAX (732) 494-8762

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MRI Imaging Request Form

Please contact our office if you have not heard from our office or the Facility in 5 business days.

All Insurance: We need the name & location of MRI facility to proceed with authorization.

If you do not know the facility before you leave our office, please call us back at 732-839-1942. If you have a worker's compensation claim, please call 732-839-1936 for status on authorization.

Account 167053

Cell phone : (908) 487-1496

Date: 2/27/2024

Name: Tremain Chandler

Home Phone:

Weight 270lbs

DOB:12/7/1972

Work Phone:

Sex: male

Address: 1103 Sheridan Ave Roselle NJ 07203

Insurance Dietz And Hammer

ID# PJWC081116

Group ID

Insurance Address : Po Box 68 Newton NJ 07860

Reason for test: Shoulder Pain

Diagnosis:

Left shoulder rotator cuff tendinosis with probable partial tear, calcific tendonitis, torn labrum, proximal biceps tendonitis, and post-traumatic adhesive capsulitis

Referring Physician: Dr. Matthew Garfinkel

Precautions / Special Instructions:

Test Requested:

MRI of the left shoulder without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.



Patient Seen by: Matthew J. Garfinkel, M.D.