

# KETAN D. VORA, DO, PC

Patient name:

Date:

Date of Birth:

Appointment:

Doctor: \_\_\_Ketan D. Vora, D.O. \_\_\_Naheesi Lambert-Doorn, MD \_\_\_Rehan Khan, FNP-BC

**Code** **New Patient Services**  
\_\_\_ 99205 History and Exam 60 Min  
\_\_\_ 99204 History and Exam 45 Min  
\_\_\_ 99203 History and Exam 30 Min

**Code** **Established Patient Services**  
\_\_\_ 99214 Follow Up Visit 25 Min  
\_\_\_ 99213 Follow Up Visit 15 Min  
\_\_\_ 99212 Follow Up Visit 10 Min

**Code** **EMG Testing**  
\_\_\_ 95886 \_1 \_2 \_3 \_4 Extremity EMG

**Code** **Nerve conduction studies**  
\_\_\_ 95908 NCS; 3-4 studies  
\_\_\_ 95909 NCS; 5-6 studies  
\_\_\_ 95910 NCS; 7-8 studies  
\_\_\_ 95911 NCS; 9-10 studies  
\_\_\_ 95912 NCS; 11-12 studies  
\_\_\_ 95913 NCS; 13 or more studies

## Diagnosis

\_\_\_ S13.4XXA/D - Cervical Sprain  
\_\_\_ S16.1XXA/D - Cervical Strain  
\_\_\_ M54.2 – Pain in Cervical Spine  
\_\_\_ M54.12 – Cervical Radiculopathy C2-C7  
\_\_\_ M54.13 – Cervical Radiculopathy C7-T1  
  
\_\_\_ S23.3XXA/D– Thoracic Strain/Sprain  
\_\_\_ M54.6 – Pain in Thoracic Spine  
  
\_\_\_ S33.5XX/D – Lumbar Strain/Sprain  
\_\_\_ M54.5 – Pain in Lumbar Spine  
\_\_\_ M54.16 – Lumbar Radiculopathy L1-L4  
\_\_\_ M54.17 – Lumbar Radiculopathy L5-S1  
\_\_\_ M40.56 - Lumbar Lordosis (Unspecified region)  
\_\_\_ M48.06 -Spinal stenosis, lumbar region  
  
\_\_\_ M62.830 -Muscle spasm of back  
  
\_\_\_ S43.401A/D – RS - Right Shoulder Sprain  
\_\_\_ M25.511 - RS Pain  
\_\_\_ S43.402A/D - LS - Left Shoulder Sprain  
\_\_\_ M25.512 - LS Pain  
  
\_\_\_ S83.8X1A/D - RK - Right Knee Strain/Sprain  
\_\_\_ S83.8X2A/D - LK - Left Knee Strain/Sprain  
\_\_\_ M25.561 - Pain in Right Knee  
\_\_\_ M25.562 - Pain in Left Knee

**Code** **Joint Injection**  
\_\_\_ 20600 Small Joint  
\_\_\_ 20605 Medium Joint  
\_\_\_ 20610 Large Joint Injection  
\_\_\_ 20526 Carpal Tunnel Injection  
\_\_\_ 27096 Sacroiliac joint injection

**Drug used:**  
\_\_\_ Depomedrol 40MG (J1030)  
\_\_\_ Depomedrol 80MG (J1040)  
\_\_\_ Dexamethasone (J1094)  
\_\_\_ Lidocaine (J2001) \_\_\_ Marcaine (J7799)  
\_\_\_ Other: \_\_\_\_\_

**Code** **Trigger Point Injections**  
\_\_\_ 20552 Over 2 Muscles  
\_\_\_ 20553 Over 3 Muscles  
\_\_\_ 76942 Ultrasound Guidance

**Drug used:**  
\_\_\_ B12 (J3420) \_\_\_ Depomedrol (J1030)  
\_\_\_ Lidocaine (J2001)

\_\_\_ M46.1 – Sacrolitis  
\_\_\_ M75.41 – RS -Impingement syndrome of Right Shoulder  
\_\_\_ M75.42 – LS -Impingement syndrome of Left Shoulder  
  
\_\_\_ M23.92 - LK -Internal derangement of Left Knee  
\_\_\_ M23.91 - RK -Internal derangement of Right Knee  
  
\_\_\_ G57.31 - Lesion of lateral popliteal nerve, right lower limb  
\_\_\_ G57.32 - Lesion of lateral popliteal nerve, left lower limb  
  
\_\_\_ G56.01 – Carpal Tunnel Syndrome –Right Upper Limb  
\_\_\_ G56.02 - Carpal Tunnel Syndrome –Left Upper Limb  
\_\_\_ M65.4 - radial styloid tenosynovitis [de Quervain]  
  
\_\_\_ S63.501A or D – RIGHT wrist Strain/Sprain  
\_\_\_ S63.502A or D – LEFT wrist Strain/  
\_\_\_ S63.509A or D – UNSPECIFIED wrist Strain/Sprain  
  
\_\_\_ Other: \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

**KETAN D. VORA, DO, PC**  
PM&R | PAIN | SPORTS | SPINE &  
EMG/NCV NEURODIAGNOSTIC SPECIALIST  
O: (877) 774-6337 F:(347) 708-8499

Patient's Name:  
Date of Birth:

Date:

**Provider:** \_\_\_Ketan D. Vora, D.O. \_\_\_Nahesi Lambert-Doorn, MD \_\_\_Rehan Khan, FNP-BC \_\_\_Other

I am signing this consent form as above mentioned patient granting full consent to the provider above to perform necessary testing/procedure.

I further expressly understand that the following testing which is selected below has been performed on me today.

BODY PART:			PROCEDURE:		
Cervical	Thoracic	Lumbar	Trigger Point Injection	B12	Depo
Shoulder	Right	Left	Intra-Articular Injection		
Elbow	Right	Left	Hyalgan Injection		
Wrist	Right	Left	Suprascapular Nerve Block		
Knee	Right	Left	Genicular Nerve Block		
Ankle	Right	Left	EMG/NCV	Upper	Lower
			Other: _____		

Patient's Printed Name: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

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EMG/NCV NEURODIAGNOSTIC SPECIALIST  
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Patient's Name:  
Date of Birth:

Date:

**Exam:**

Neurologist

Psychologist

Orthopedist

Physiatrist

Physical Therapy Assessment

Computerize Range of Motion

Podiatry

Physical Performance Test

Other: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Ketan D. Vora, D.O.  
Nahesi Lambert-Doorn, MD  
Rehan Khan, FNP-BC