

KETAN D. VORA, DO, PC

Patient name:

Date:

Date of Birth:

Appointment:

Doctor: ☐ Ketan D. Vora, D.O. ☐ Nahesi 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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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