

ALPINE ORTHOPAEDIC

AUTHORIZATION REQUEST FORM

DATE: 04/01/09

Patient: ANDERSON, TIFFANY

McKenzie Dawson

Account#: DI168478

Type of Request: ROUTINE

FAXED
4/1/09

Date of Request: 04/01/09

Primary Insurance: DAMERON INDUSTRIAL

Secondary Insurance:

Patient Name: ANDERSON, TIFFANY

D.O.B.: 08/22/1970

Sex: F

Date of Inj: 06/19/08

Claim #: VE0700184

Condition Related to:

REQUESTED OFFICE INFORMATION

Req By : KESHA SCOTT

Phone: (209) 946-7181

Fax: 209 948-3331

Contact: *Patty*

Phone: (209) 946-7107

Fax: (209) 948-3331

Physician: GARY T MURATA, MD

2488 NORTH CALIFORNIA, STOCKTON CA, 95204

REQUESTED PROCEDURES/SERVICES (who/what/where)

ICD-9: 836.0

Diagnosis: SPRAIN/STRAIN MED MENISCUS/CARTILAG

* Procedure & CPT codes: 73721-00 MRI JOINT/LOWER EXTREMITY

Primary Care Physician:

Visit Type: SPECIAL TEST OR PROCEDURE Visits Requested: 1

Date of Service:

* Place of Service: ALPINE ORTHOPAEDIC

Type of Service: MEDICAL OFFICE

Provider Name: ALPINE ORTHOPAEDIC

Phone: 209 948-3333

Fax: 209 948-3331

Additional Information:

SEE ATTACHED NOTES FOR REVIEW

PH# (209) 946-7181 FX# (209) 948-3331

REASON FOR REQUEST:

PLEASE SEE ATTACHED NOTES/REPORTS FOR SIGNIFICANT PHYSICAL FINDINGS, LAB/X-RAY REPORTS, TREATMENT TO DATE, AND MEDICATIONS TO DATE

AUTHORIZATION

Date Approved:

Hospital: _____

Authorization # _____

Signature: _____

- * All or some of the physicians of ALPINE ORTHOPAEDIC MEDICAL GROUP *
- * have financial interest in the following: 1) in-office DEXASCAN, *
- * MRI and X-RAY, 2) the AMBULATORY SURGERY CENTER of STOCKTON, and 3) *
- * Allez Spine, LLC (a spine instrumentation company which sells *
- * to hospitals and ambulatory surgery centers) *

ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.
2488 N. California Street, Stockton, CA 95204 (209) 948-3333

Date: 3/31/09 Acct #: 02 068478

Patient Name: Andrew T. Hay DOB: 8/22/70

Diagnosis: R/O recurrent LMT

Medical Necessity: Same post injury (R) knee

Test Requested: MRI (R) knee

Special Instructions: _____

Signature: _____

Peter B. Salamon, M.D., F.A.C.S. Edward L. Cahill, M.D. Vincent C. Leung, M.D. George W. Westin Jr., M.D.
Gary T. Murata, M.D. Steven E. Eager, M.D. Roland H. Winter, M.D. Anh X. Le, M.D. Alan T. Kawaguchi, M.D.
Gary M. Alegric, M.D. Vanessa Beeman, PA-C

Notes: 4/1 Fxd to Ady McKenzie Dawson/Kesha

MRI _____ INS AUTH A.I.M.S.

C.T. SCAN _____ AUTH # 4/1 Verbal OK per Ady McKenzie Dawson
TEST SCHEDULED: _____

BONE SCAN _____ FACILITY _____

CONSULTATION DR. _____ RETURN TO OFFICE: _____

DATE _____ TIME _____

***DOES PATIENT NEED TO RETURN TO OFFICE FOR RESULTS?
YES _____ NO _____ APPT CONF BY _____ DATE _____

RETURN TO SPECIAL TEST DESK