

West Coast NeurodiagnosticsTel: (800)730-9263
Fax: (800)644-2440**DIAGNOSTIC
REPORT
ENCLOSED**

Apr 09, 2009

TO: PHYSICIAN: Murata Gary Alpine Orthopaedic Medical Gro 2488 N. California St. Stockton, CA 95204	TO: Nurse Case Mgr:	TO: ADJUSTER: Ms. Dawson MacKenzie AIMS - Sacramento P.O. Box 289120 SACRAMENTO, CA 958289120 (800)444-8157 (916)583-1919	TO: UR Nurse:
E-mail Tel (209)948-3333 FAX (209)948-2665			

PATIENT / CLAIM INFORMATION:

Anderson, Tiffany 1416 Iris Dr. # 7 Lodi, CA 95242 DOB: 08/22/1970	CLAIM# VE0700184 DATE OF INJURY 6/19/2008 SSN: XXX-XX-5133
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APPOINTMENT INFORMATION**DATE:** 04/07/2009
TIME: 09:00 AM**PROCEDURE PERFORMED:**

Test Name / Body Part	GAD	CPT	ICD-9
MRI-Knee- Right	None	73721	836.0
Doctor Requesting Films? Yes			

Notes :

Referral Processed By: Vanessa Talamantes On: 04/09/2009 at 10:41 AM

Thank You for the Referral