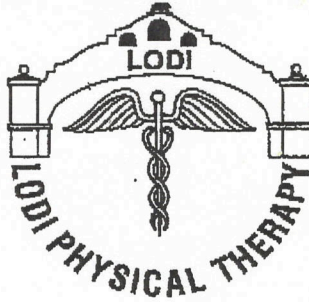


ORTHOPAEDIC MANUAL THERAPY
INDUSTRIAL REHABILITATION
SPORTS MEDICINE



631 SOUTH HAM LANE
LODI, CA 95242
(209) 368-7433
Fax (209) 368-4219
www.lodipt.com

Authorization Request

5/1/9

TO ADJUSTER: Mackenzie Dawson	RE: Tiffany Anderson
PHONE: (916) 563-1900	FAX: (916) 563-1919
INSURANCE: AIMS	DATE OF INJURY: 6-19-08
DATE OF RX: 4/28/9.	CLAIM #: VE0700184.
DIAGNOSIS: LMT (2)	REFERRING PHYSICIAN: Gary Murata MD
NUMBER OF VISITS REQUESTING: 1X4 4 visits	COMMENTS:

Urgent For Your Review Reply ASAP Please Comment

Please sign and return if authorizing any physical therapy visits. If you have any questions or need additional information please feel free to call (209) 368-7433.
Thank you for your time.

Authorization #:
Number of Visits Authorized:
Authorized By:

Sincerely,

Cindy

Number of Pages 3