

# Coast2Coast Diagnostics, A Medical Corp REFERRAL CONFIRMATION

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DATE: Aug 08, 2011  
 TO: AIMS Sacramento  
 Examiner: Dawson MacKenzie  
 Fax: (916)563-1919

Phone : (300)444-6157  
 E-Mail : mdawson@aims4claims.com

NCM :  
 UR Nurse :

RE Anderson, Tiffany Claim : VE0700184 DOI: 06/19/2008  
 Auth#

THIS WILL CONFIRM THE SCHEDULING OF THE PATIENT LISTED ABOVE:

FACILITY	REFERRING PHYSICIAN
Valley MRI & Family Imaging/Stockton 546 East Pine Street Stockton, CA 95204	MURATA GARY Alpine Orthopaedic Medical Gro 2488 N. California St. Stockton, CA 95204
	FOLLOWUP APPT:
Tel (209)467-1000 Fax-2094644439	Tel (209)948-3333 Fax (209)948-2665

APPOINTMENT INFORMATION	DATE: 08/09/2011 Time : 12:15 PM
PATIENT : Anderson, Tiffany 2 N Avena Ave CA, Lodi 95240 DOB 08/22/1970	Home Phone : (209)333-1037 Work Phone : (209)329-9523 SSN : XXX-XX-5133 HT.64 WT.145

**MEDICAL INFORMATION & HISTORY:**

PRIOR SURGERY?	Yes	If Yes, When?	Aug08 & 2009
If yes, What Type Of Surgery ?	(R)knee		
ANEURYSM CLIP?	No	If Yes, Type?	
METAL IN BODY?	No	If Yes, Type?	0
ADDITIONAL FACTORS:			
Claustrophobic?	No	Pregnant? No	Sneezing/Coughing? No
FILMS NEEDED? Yes			

**PROCEDURE:**

Test Name/Body Part	GAIC	CPT	ICD-9
MRI-knee- Right	None	73721	836.0

Notes: