

Coast2Coast Diagnostics, A Medical Corp REFERRAL CONFIRMATION

Tel (800)730-9263
 Fax (300)644-2440

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
 Auth#

Claim : VE0700184

DOI: 06/19/2008

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	MJRATA 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 ?	(F)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:	GAC:	CPT	ICD-9
Test Name/Body Part			
MRI-knee- Right	None	73721	836.0

Notes: