

**Coast2Coast Diagnostics, A Medical Corp**Tel: (800)730-9283  
Fax: (800)844-2440**DIAGNOSTIC****REPORT****ENCLOSED**

Aug 10, 2011

<b>TO:</b> <b>PHYSICIAN:</b> Murata Gary Alpine Orthopaedic Medical Gro 2488 N. California St. Stockton, CA 95204  E-mail Tel (209)948-3333 FAX (209)948-2665	<b>TO:</b> <b>Nurse Case Mgr:</b>	<b>TO:</b> <b>ADJUSTER:</b> Ms. Dawson MacKenzie <b>AIMS Sacramento</b> P.O. Box 269120 SACRAMENTO, CA 958269120 (916)563-1919 (800)444-6157  mdawson@aims4claims.com  ( ) -	<b>TO:</b> <b>UR Nurse:</b>
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**PATIENT / CLAIM INFORMATION:**

Anderson, Tiffany 2 N Avena Ave Lodi, CA 95240 DOB 08/22/1970	<b>CLAIM#</b> <b>DATE OF INJURY</b> <b>SSN.</b>	VE0700184 6/19/2008 XXX-XX-5133
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**APPOINTMENT INFORMATION****DATE:** 08/09/2011  
**TIME:** 12:15 PM**PROCEDURE PERFORMED:**

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

Notes

Referral Processed By: Vanessa Talamantes On: 08/10/2011 at 10:23 AM

Thank You for the Referral