

TIN: Amanda Connelly  
2nd Request

ALPINE ORTHOPAEDIC AUTHORIZATION REQUEST FORM DATE: 11/06/09  
Patient: ANDERSON, TIFFANY fax # 916-563-7919 Account#: DI168478

Type of Request: ROUTINE  
Date of Request: 10/07/09  
Primary Insurance: DAMERON INDUSTRIAL  
Secondary Insurance:

Patient Name: ANDERSON, TIFFANY D.O.B.: 08/22/1970 Sex: F  
Date of Inj: 06/19/08 Claim #: VE0700184

Condition Related to:  
REQUESTED OFFICE INFORMATION

Req By : PATTY CAMPOY Phone: (209) 946-7107 Fax: 209 948-3331  
Contact: Phone: Fax:  
Physician: GARY T MURATA, MD 2488 NORTH CALIFORNIA, STOCKTON CA, 95204

REQUESTED PROCEDURES/SERVICES (who/what/where)  
ICD-9: 836.0 Diagnosis: TEAR, MEDIAL MENISCUS  
Procedure & CPT codes: 73721-00 MRI JOINT/LOWER EXTREMITY

Primary Care Physician:  
Visit Type: SPECIAL TEST OR PROCEDURE Visits Requested:  
Date of Service: Place of Service: ALPINE ORTHO MED GRP

Type of Service: MEDICAL OFFICE  
Provider Name: ALPINE ORTHOPAEDIC Phone: 209 948-3333 Fax: 209 948-3331  
Additional Information:

REASON FOR REQUEST:  
PLEASE SEE ATTACHED NOTES/REPORTS FOR SIGNIFICANT PHYSICAL FINDINGS,  
LAB/X-RAY REPORTS, TREATMENT TO DATE, AND MEDICATIONS TO DATE

AUTHORIZATION  
Date Approved: Hospital: \_\_\_\_\_ Authorization #  
Signature: \_\_\_\_\_

- \* All or some of the physicians of ALPINE ORTHOPAEDIC MEDICAL GROUP \*
- \* have financial interest in the following: 1) in-office DEXASCAN, \*
- \* MRI and X-RAY, 2) the AMBULATORY SURGERY CENTER of STOCKTON, and 3) \*
- \* Allez Spine, LLC ( a spine instrumentation company which sells \*
- \* to hospitals and ambulatory surgery centers) \*