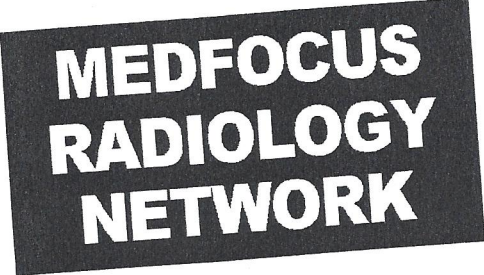


2811 Wilshire Blvd #900, Santa Monica, CA 90403
(800) 782-7666 (Tel) (888) 754-7580 (Fax)



Fax

To: STOCKTON MRI MEDICAL CENTER *rom: Scheduling Department*

Co: - Date: Jan 6, 2016

Fax: (209)466-2600 Pages: 2

Re: TIFFANY ANDERSON Referral#: 1486156

The Following is the diagnostic imaging report that you have requested. if there are any questions or you did not receive the complete report(s), please call the scheduling department to request a repeat fax. Thank you for using MEDFOCUS.

CONFIDENTIALITY NOTICE: The information contained in this faxed/electronic communication may contain private health information that is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, copying or use of this communication is strictly prohibited. If you are the intended recipient you agree to safeguard the privacy of the information in accordance with applicable law. If you have received this communication in error, please notify us immediately by telephone at (800)398-8999 or return e-mail. Please delete and destroy all copies. Thank you.

JAN 11 2016

MEDFOCUS
2811 WILSHIRE BLVD., SUITE 900
SANTA MONICA, CA 90403
Phone: (800)398-8999

APPOINTMENT NOTICE

01/06/16

STOCKTON MRI MEDICAL CENTER
2320 N. CALIFORNIA ST, SUITE #2
STOCKTON, CA 95204

Claim Type : W/C
Referral # : 1486155
Medfocus Operator : ANA

Patient Information : TIFFANY ANDERSON
: 1900 LAKESHORE DR
: LODI, CA 95242
Home Phone : (209)331-0208
SSN :
Date of Birth : 08/22/70

Date of Injury : 06/29/11

Type of Exam : NM WHOLE BODY
: 78306 NM BONE SCAN WHOLE BODY *
Diagnosis : DERMATOLOGICAL ISSUES, RT KNEE PAIN, FATIG
Date/Time of Exam : 01/11/16 9:30 AM

Referring Physician : MICHAEL BRONSHVAG,
: 11010 WHITE ROCK RD. #120
: RANCHO CORDOVA, CA 95670
Phone : (800)458-1261
Fax : (916)920-2515

* PLEASE SUBMIT ORIGINAL FILMS AND REPORT TO THE
REFERRING PHYSICIAN, UNLESS OTHERWISE REQUESTED.

**** FAX REPORT A.S.A.P. TO MEDFOCUS AT (888)754-7580 ****

Please submit study bill to:

Medfocus
2811 Wilshire Blvd., Suite 900
Santa Monica, CA 90403
Fax: (310)828-2253

If the patient cancels or reschedules, please call our
toll free number (800)398-8999.

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ADD 148101 >>

Michael M. Bronshvag, MD
11010 White Rock Rd Suite 120
Rancho Cordova, CA 95670
Phone: 800-458-1261
Fax: 916-920-2515

January 5, 2016

Patient: Tiffany Anderson

DOB: 8/22/1970

- Rx:
- Bone Scan: Whole Body
 - MRI: Brain w/ contrast

- Dx:
- Hostile work environment
 - Toxic exposure due to work environment
 - Symptomatically localizes to the Right knee (site of three operations)

Michael M Bronshvag

Michael M Bronshvag, MD

1/5/2016