

Referral

Submitter

Company Name: DH ALTERNATIVE RISK SOLUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 9739401851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: ANTONIO
Last Name: CORTES III
Claim Number: PJWC085211
Date of Injury: 2023-09-13
ICD Code RIGHT KNEE
Describe Injury: RIGHT KNEE

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1990-11-11
Gender: MALE
Home Phone: 908-419-8010
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 30 ALLISON ROAD
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE
Phone Number: 908-241-2014

Contact: KHEESHA WALLS
Address 1: 210 CHESNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 8PM-630AM 4ON 4 OFF

Referring Doctor

First Name: GREGORY S.
Last Name: GALLICK, MD
Practice Name: ORTHOPAEDIC SURGERY & SPORTS MEDICINE
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVE
Address 2: SUITE 2-C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits: 6
Freq/Duration: 3XS A WK FOR 2 WKS
Script: YES
Follow-up MD: 2023-10-13

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
KWILKINSON@RISKSOLUTIONS.COM