

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOULUTIONS  
**First Name:** KRISTIN  
**Last Name:** WILKINSON  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** KWILKINSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** KEVIN  
**Last Name:** SCHUSTER  
**Claim Number:** GSNP082630  
**Date of Injury:** 2023-01-20  
**ICD Code** S39.012A  
**Describe Injury:** STRAIN OF MUSCLE, FASCIA & TENDON OF LOWER BACK,  
INITIAL ENCOUNTER

**Working:** YES  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1985-01-02  
**Gender:** MALE  
**Home Phone:** 732-766-0915  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 8 HEMLOCK DRIVE  
**Address 2:**  
**City:** TINTON FALLS  
**State:** NJ  
**Zip:** 07712  
**Preferred Language:**

## Employee

**Company:** TOWNSHIP OF NEPTUNE

**Phone Number:** 7329885200  
**Contact:** STEPHANIE OPPEGAARD  
**Address 1:** 25 NEPTUNE BLVD  
**Address 2:**  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 7AM-7PM PITTMAN SCHEDULE

## Referring Doctor

**First Name:** RICHARD  
**Last Name:** ABRAMOWITZ, MD  
**Practice Name:** MERIDIAN OCCUPATION HEALTH  
**Phone Number:** 732-776-4251  
**Email Address:**  
**Fax:** 732-776-4210  
**Address 1:** 2441 HIGHWAY 33  
**Address 2:** SUITE A  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:**  
**# of Auth visits:** 6  
**Freq/Duration:** 3XS A WEEK FOR 2 WEEKS  
**Script:** YES  
**Follow-up MD:** 2023-02-06

## Special Instructions

**Special Instructions:** ANY QUESTIONS OR FURTHER CORRESPONDENCE PLEASE  
CONTACT DFORGIONE@RISKSOLUTIONS.COM

THANK YOU