

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: MRI
First Name: RAYMOND
Last Name: ARCE
Claim Number: PJWC084135
Date of Injury: 2023-05-31
ICD Code 840.9 & S46.912A
Describe Injury: STRAIN OF SHOULDER RIGHT

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1993-04-07
Gender: MALE
Home Phone: 732-425-7564
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1654 SHORT STREET
Address 2:
City: PISCATAWAY
State: NJ
Zip: 08854
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY -PD
Phone Number: 732-826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 7AM ? 5PM

Referring Doctor

First Name: SHERYL
Last Name: CEKOT, NP
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 732-248-0088
Email Address:
Fax:
Address 1: 7272 EDISON ETHEL ROAD
Address 2: 16 ETHEL ROAD
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: RIGHT SHOULDER WITHOUT CONTRAST
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-07-03

Special Instructions

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

RIGHT SHOULDER MRI