

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** JESSICA  
**Last Name:** LEMASSON  
**Main Phone:** 973-940-1851  
**Ext.:** 286  
**Fax:** 973-940-1852  
**Email Address** JLEMASSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** SCARLETT  
**Last Name:** TORREZ  
**Claim Number:** PLB089508  
**Date of Injury:** 2024-10-08  
**ICD Code**  
**Describe Injury:** INJ RT SIDE BACK, KNEE & HIP EE LOST BALANCE & FELL OFF THE STAGE LANDED BTW 2 METAL CASES  
  
**Working:** YES  
**Occupation:** COUNSELOR  
**Date of Birth:** 1986-03-26  
**Gender:** FEMALE  
**Home Phone:** (347)882-8899  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1717 W.7TH STREET  
**Address 2:**  
**City:** PISCATAWAY  
**State:** NJ  
**Zip:** 08854  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF ED

**Phone Number:** (908)731-4323  
**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 830AM-345PM, M-F

## Referring Doctor

**First Name:** JEFFREY M  
**Last Name:** WARSHAUER  
**Practice Name:** INFINITY ORTHOPEDICS  
**Phone Number:** 908-364-7801  
**Email Address:**  
**Fax:** 908-222-2757  
**Address 1:** 1450 RT 22 WEST  
**Address 2:** STE 200  
**City:** MOUNTAINSIDE  
**State:** NJ  
**Zip:** 07092  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** SPRAIN OF LIGAMENTS OF CERVICAL SPINE, CONTUSION OF LOWE  
**Body Parts:** LUMBAR SPINE, CERVIAL SPINE,  
**# of Auth visits:** 6  
**Freq/Duration:** 3X A WEEK/ 2 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE  
CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU