

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: KEVIN
Last Name: SCHUSTER
Claim Number: GSNP082630
Date of Injury: 2023-01-20
ICD Code
Describe Injury: L/S SPINE W/O CONTRAST - STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBSEQUENT

Working:
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?
What hours does patient work? 7AM-7PM PITTSMANS SCHEDULE

Referring Doctor

First Name: RICHARD S.
Last Name: ABRAMOWITZ, MD
Practice Name: HACKENSACK MERDIAN HEALTH OCCUPATIONAL HEALTH
Phone Number: 732-776-4251
Email Address:
Fax: 732-776-4210
Address 1: 2441 A HIGHWAY 33
Address 2: SUITE A
City: NEPTUNE
State: NJ
Zip: 07753
Did patient have surgery?
Surgery Date:
DX: STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, SUBS
Body Parts: L/S SPINE W/O CONTRAST
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

THANK YOU