

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: IVETTE
Last Name: RIOS
Claim Number: PJWC082691
Date of Injury: 2023-01-23
ICD Code 847.1, S29.012A & 923.1, S50.02XA & 840.3 S46.912A
Describe Injury: STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX, INIT & CONTUSION OF LEFT ELBOW, INITIAL ENCOUNTER & STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT

Working: YES
Occupation: CODE ENFORCEMENT OFFICER
Date of Birth: 1972-08-25
Gender: FEMALE
Home Phone: 848-207-8552
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 414 PADEREWSKI AVE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08661
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: (732) 771-2508
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: SHANTHI
Last Name: REDDY MD
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 732-248-0088
Email Address:
Fax: 732-248-4408
Address 1: 16 ETHEL ROAD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-02-24

Special Instructions

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

THANK YOU.

*THERE SHOULD BE 3 MRI'S ATTACHED, IF NOT PLEASE
LET ME KNOW