

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: MRI, XR
First Name: BRANDON
Last Name: GAETA
Claim Number: IWC068684-01
Date of Injury: 2019-08-08
ICD Code
Describe Injury: BI LATERAL LOWER EXTREMITY GUN SHOT WOUND WITH FRACTURES/SX

Working: NO
Occupation: POLICE - OUT OF WORK
Date of Birth: 1994-08-05
Gender: MALE
Home Phone: (201)800-2088
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 12 MISTY RIDGE CIRCLE
Address 2:
City: KINNELON
State: NJ
Zip: 07405
Preferred Language:

Employee

Company: TOWNSHIP OF IRVINGTON

Phone Number: 973-399-6707
Contact:
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? N/A

Referring Doctor

First Name: ASHLEY
Last Name: IGNATIUK, MD
Practice Name:
Phone Number:
Email Address:
Fax:
Address 1:
Address 2:
City:
State:
Zip:
Did patient have surgery? YES
Surgery Date: 2020-03-04
DX: BI LATERAL LOWER EXTREMITY GUN SHOT WOUND WITH FRACTURE
Body Parts: RIGHT TIBIA
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: PLEASE SCHEDULE THIS AS CLOSE TO HOME AS POSSIBLE,
THIS INJURED WORKER IS AN AMPUTEE.

FOR FURTHER QUESTIONS AND CORRESPONDENCE,
PLEASE CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU