

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
First Name: CORY
Last Name: RICHARDSON
Claim Number: PJWC088462
Date of Injury: 2024-06-26
ICD Code
Describe Injury: INJ L ARM BICEP WHILE EXITING THE GARBAGE TRUCK, EE
SLIPPED ON THE STAIRS

Working:
Occupation: TRUCK DRIVER
Date of Birth: 1979-12-26
Gender: MALE
Home Phone: (201)620-0798
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 61 WOODLAND DR.
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE

Phone Number: 908-245-2920
Contact:
Address 1: 1121 CHANDLER AVE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours?
What hours does patient work? 5:30AM ? 2PM (FULL TIME)

Referring Doctor

First Name: PETER S.H.
Last Name: CHAN
Practice Name: HAND SURGERY SPECIALISTS LLC
Phone Number: 9084704263
Email Address:
Fax: 9084700001
Address 1: 28 WILLS WAY
Address 2:
City: PISCATAWAY TOWNSHIP
State: NJ
Zip: 08854
Did patient have surgery? NO
Surgery Date:
DX: RUOE OUT LEFT DISTAL BICEP RUPTURE
Body Parts: LEFT BICEP
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU