

# 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:** MANUEL  
**Last Name:** GARABITO  
**Claim Number:** PJWC087433  
**Date of Injury:** 2024-03-22  
**ICD Code**  
**Describe Injury:** RIGHT WRIST  
  
**Working:** YES  
**Occupation:** PAID FIRE FIGHTER  
**Date of Birth:** 1986-04-10  
**Gender:** MALE  
**Home Phone:** (732)277-3377  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 857 BARRY AVENUE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** (732)826-0290

**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?** EE IS OOW BUT WILL BE ON VACA FROM 3/28/24

## Referring Doctor

**First Name:** ANDREW A.  
**Last Name:** WILLIS, MD  
**Practice Name:** TRI COUNTY ORTHOPEDICS  
**Phone Number:** 973-538-2334  
**Email Address:**  
**Fax:** 973-267-6882  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927

**Did patient have surgery?** NO

**Surgery Date:**

**DX:** PAIN, SWELLING, LIMITED ROM, MECHANICAL, CLICKING, CATCHING

**Body Parts:** RIGHT WRIST

**# of Auth visits:**

**Freq/Duration:**

**Script:** YES

**Follow-up MD:**

## Special Instructions

**Special Instructions:** PLEASE SCHEDULE AT NJIN OF CEDAR KNOLLS

EE IS OOW, EE WILL BE ON VACATION FROM 3/28/24 ?  
4/6/24

FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE  
CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU