

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: CAROLINA
Last Name: SHELL
Main Phone: 9739401851
Ext.: 239
Fax: 9739401852
Email Address CSHELL@RISKSOLUTIONS.COM

Claimant

Request:
First Name: DIANA
Last Name: SAENZ-TORRES
Claim Number: PLB086732
Date of Injury: 2024-01-26
ICD Code
Describe Injury: INJ RT ELBOW, RIGHT SHOULDER, LEFT KNEE
Working: NO
Occupation: INSTRUCTIONAL COACH
Date of Birth: 1963-01-03
Gender: FEMALE
Home Phone: (908)230-0326
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 815 BERCKMAN STREET
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language: ENGLISH

Employee

Company: PLAINFIELD BOARD OF EDUCATION
Phone Number: 908-731-4200

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? 8:00A-3:05P. M-F

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: MD
Phone Number: 9083647801
Email Address:
Fax:
Address 1: 1450 ROUTE 22 WEST
Address 2: SUITE 200
City: MOUNTAIN SIDE
State: NJ
Zip: 07092
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION RT ELBOW, SPRAIN RT SHOULDER, CONTUSION LT KN
Body Parts:
of Auth visits:
Freq/Duration:
Script:
Follow-up MD: 2024-02-26

Special Instructions

Special Instructions: SENT REFERRAL 3 TIMES