

# 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:** DME  
**First Name:** CHANDLER  
**Last Name:** TREMAIN  
**Claim Number:** PJWC081116  
**Date of Injury:** 2022-09-02  
**ICD Code**  
**Describe Injury:** INJ L SHOULDER, WHILE GETTING OUT OF THE SWEEPER,FELT PAIN  
  
**Working:** YES  
**Occupation:** DRIVER  
**Date of Birth:** 1972-12-07  
**Gender:** MALE  
**Home Phone:** (908) 487-1496  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1103 SHERIDAN AVENUE  
**Address 2:**  
**City:** ROSELLE  
**State:** NJ  
**Zip:** 07203  
**Preferred Language:**

## Employee

**Company:** BOROUGH OF ROSELLE

**Phone Number:** 908-241-2014  
**Contact:**  
**Address 1:** 210 CHESTNUT STREET  
**Address 2:**  
**City:** ROSELLE  
**State:** NJ  
**Zip:** 07203  
**PT - Schedule during work hours?**  
**What hours does patient work?**

## Referring Doctor

**First Name:** MATTHEW J.  
**Last Name:** GARFINKEL, MD  
**Practice Name:** EDISON-METUCHEN ORTHOPAEDIC GROUP  
**Phone Number:** 732-494-6226  
**Email Address:**  
**Fax:** 732-494-8762  
**Address 1:** 10 PARSONAGE ROAD  
**Address 2:** SUITE 500  
**City:** EDISON  
**State:** NJ  
**Zip:** 08837  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** LEFT SHOULDER REPAIR  
**Body Parts:** LEFT SHOULDER  
**# 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