

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: LUCIA
Last Name: WINTER
Main Phone: 19739401851
Ext.:
Fax: 19739401852
Email Address LWINTER@RISKSOLUTIONS.COM

Claimant

Request: DME
First Name: ROBERTO
Last Name: MOLINA
Claim Number: PJWC083775
Date of Injury: 2023-05-23
ICD Code
Describe Injury: WHILE FEEDING BRUSH INTO CHIPPER, THE BRANCH SWUNG AROUND AND STRUCK IW IN THE RIGHT KNEE.

Working: YES
Occupation: DPW LABORER
Date of Birth: 1974-10-14
Gender: MALE
Home Phone:
Cell Phone: (347)898-6093
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 145 STUYVESANT ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
Preferred Language: ENGLISH

Employee

Company: TEANECK TOWNSHIP

Phone Number: 201-837-1600
Contact:
Address 1: 818 TEANECK RD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: DANIEL
Last Name: FEGHHI
Practice Name: PFISTERER ORTHOPEDICS
Phone Number: 201-836-1663
Email Address:
Fax: 201-836-5729
Address 1: 433 HACKENSACK AVE
Address 2:
City: HACKENSACK
State: NJ
Zip: 07601
Did patient have surgery? NO
Surgery Date: 2023-05-22
DX: RIGHT KNEE ARTHROSCOPY
Body Parts: RIGHT KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ICE MACHINE RENTAL FOR 3 WEEKS