

# 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:**  
**First Name:** WILLIAM  
**Last Name:** FISCHER  
**Claim Number:** PJWC085037  
**Date of Injury:** 2023-08-21  
**ICD Code** M54.12  
**Describe Injury:** WHILE WORKING AT A FIRE SCENE, IW WAS PULLING A 5 INCH HOSE LINE AND INJURED HIS RIGHT SHOULDER.  
  
**Working:** YES  
**Occupation:** FIREFIGHTER  
**Date of Birth:** 1962-05-17  
**Gender:** MALE  
**Home Phone:** (201) 387-7325  
**Cell Phone:** (201)723-1415  
**Work Phone:** (201) 808-8080  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:** WFISCHER62@YAHOO.COM  
**Address 1:** 84 OVERLOOK DRIVE  
**Address 2:**  
**City:** DUMONT  
**State:** NJ  
**Zip:** 07628  
**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:** CHARLES  
**Last Name:** GATTO  
**Practice Name:** THE ADVANCE SPINE CENTER  
**Phone Number:** (973) 538-0900  
**Email Address:**  
**Fax:** (973) 538-0909  
**Address 1:** 160 E HANOVER AVE, 2ND FL STE 201  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07962  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** M54.12  
**Body Parts:** NECK  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** PLEASE SCHEDULE CT SCAN ASAP. THERE IS A TENTATIVE SURGERY DATE FOR 3/27/24.