

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: PT, MRI
First Name: GLENN
Last Name: NOLAN
Claim Number: PJWC086285
Date of Injury: 2023-12-12
ICD Code
Describe Injury: LUMBAR STRAIN

Working: YES
Occupation: LABORER
Date of Birth: 1965-05-24
Gender: MALE
Home Phone: (973)264-6961
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 412 E. 7TH AVENUE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE DPW
Phone Number:

Contact:
Address 1: 1121 CHANDLER AVE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 5AM ? 11AM (M-F)

Referring Doctor

First Name: CHARLES A
Last Name: GATTO, MD
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: PO BOX 2266
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07962
Did patient have surgery? NO
Surgery Date:
DX: LUMBAR STRAIN
Body Parts: LUMBAR SPINE
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD: 2024-03-12

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU