

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: SHALENE
Last Name: BOLAN
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: JHONNY
Last Name: FRANCO
Claim Number: PLB084043-01
Date of Injury: 2023-05-23
ICD Code S13.4XXA, S33.5XXA
Describe Injury: INJ NECK, BACK & KNEE A SUV RAN A STOP SIGN & STRUCK THE BUS

Working: YES
Occupation: BUS DRIVER
Date of Birth: 1960-06-24
Gender: FEMALE
Home Phone: (908) 966-1257
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 238 SOUTH WASHINGTON AVENUE
Address 2:
City: DUNELLEN
State: NEW JERSEY
Zip: 08812
Preferred Language: ENGLISH

Employee

Company: PLAINFIELD BOARD OF EDUCATION

Phone Number: (908) 731-4325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? M-F 6AM-9:30AM, & 1PM-4:30PM

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER, DO
Practice Name: INFINITY ORTHOPEDICS, LLC
Phone Number: (908) 364-7801
Email Address:
Fax: (908) 222-2757
Address 1: 1450 ROUTE 22 WEST
Address 2: SUITE 200
City: MOUNTAINSIDE
State: NEW JERSEY
Zip: 07092
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SPRAIN OF LIGAMENT
Body Parts: SPINE, LEFT SHOULDER, LEFT KNEE
of Auth visits: 6
Freq/Duration: 3X PER WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-07-10

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU.