

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: DOMINIQUE
Last Name: FORGIONE
Main Phone: 973-940-1851
Ext.: 235
Fax: 973-940-1852
Email Address DFORGIONE@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: LEONARD
Last Name: STAVISH
Claim Number: PJWC082121-02
Date of Injury: 2022-12-05
ICD Code S46.012A, M75.42, M25.512
Describe Injury: LEFT SHOULDER

Working: NO
Occupation: POLICE OFFICER
Date of Birth: 1964-12-08
Gender: MALE
Home Phone: (732)701-1024
Cell Phone: (732) 604-3292
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 810 SOUTH STREET
Address 2:
City: POINT PLEASANT
State: NJ
Zip: 08742
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 732-826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: DR. CHRISTOPHER
Last Name: SPAGNUOLA
Practice Name: SEAVIEW ORTHOPEDICS
Phone Number: (732) 660-6200
Email Address:
Fax: 732-303-8314
Address 1: 222 SCHANCK ROAD
Address 2: STE 300
City: FREEHOLD
State: NJ
Zip: 07728
Did patient have surgery? YES
Surgery Date: 2023-02-02
DX: S46.012A, M75.42, M25.512
Body Parts: LEFT SHOULDER
of Auth visits: 6
Freq/Duration: 3 TIMES A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-02-17

Special Instructions

Special Instructions: PLEASE SCHEDULE FOR DAY AFTER SURGERY. SURGERY IS
SCHEDULED FOR 2/2/23