

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT, MRI
First Name: SANDRA
Last Name: SHRUBY
Claim Number: MT086023
Date of Injury: 2023-11-14
ICD Code
Describe Injury: RIGHT KNEE
Working: YES
Occupation: CLERK
Date of Birth: 1954-04-29
Gender: FEMALE
Home Phone: (201)887-9217
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 114 FRANKLIN STREET
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN
Phone Number: (973)292-6627

Contact: CAITLIN CASTILLO
Address 1: 200 SOUTH STPO BOX 914
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? YES
What hours does patient work? 8:30 ? 1:30PM MON/TUES/WED & THURS 8:30-12

Referring Doctor

First Name: ROBERT J
Last Name: D'AGOSTINI JR., MD
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax: 908-234-2022
Address 1: 1590 RT 206
Address 2:
City: BEDMINSTER
State: NJ
Zip: 07921
Did patient have surgery? NO
Surgery Date:
DX: MCL AND MPFL SPRAIN
Body Parts: RIGHT KNEE
of Auth visits: 12
Freq/Duration: 3/ WEEK FOR 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU