

# 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:** MRI  
**First Name:** IVETTE  
**Last Name:** RIOS  
**Claim Number:** PJWC082691  
**Date of Injury:** 2023-01-23  
**ICD Code** S53.432D, S53.442D, M77.02, M77.12, G56.22,  
**Describe Injury:** INJ MULT BODY PARTS @ HOUSING INSPECTION FELL DOWN  
ATTIC STAIRS

**Working:** YES  
**Occupation:** INSPECTOR/ZONING OFFICAL  
**Date of Birth:** 1972-08-25  
**Gender:** FEMALE  
**Home Phone:** (848)207-8552  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 414 PADEREWSKI AVE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NEW JERSEY  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY

**Phone Number:** (732) 826-0183  
**Contact:** MARIA RIVERA  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 9AM-5PM, MON - FRI

## Referring Doctor

**First Name:** FRANKLIN  
**Last Name:** CHEN  
**Practice Name:** EDISON-METUCHEN ORTHOPAEDIC GROUP  
**Phone Number:** (732) 494-6226  
**Email Address:**  
**Fax:** (732) 494-8762  
**Address 1:** 10 PARSONAGE ROAD  
**Address 2:** SUITE 500  
**City:** EDISON  
**State:** NEW JERSEY  
**Zip:** 08837  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** RADIAL COLLATERAL LIGAMENT SPRAIN OF LEFT ELBOW. ULNAR C  
**Body Parts:** LEFT ELBOW  
**# of Auth visits:** 1X  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-06-28

## Special Instructions

**Special Instructions:** IF ANY FURTHER CORRESPONDENCE IS NEEDED, PLEASE  
CONTACT KWILKINSON@RISKSOLUTIONS.COM