

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOULUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: SANDRO
Last Name: PEREZ-JIMENEZ
Claim Number: PJWC080185
Date of Injury: 2022-06-13
ICD Code
Describe Injury: RIGHT SHOULDER ADVANCED GLENOHUMERAL
DEGENERATIVE JOINT DISEASE, ROTATOR CUFF TENDINITIS VS
TEAR AND POSSIBLE TORN LABRUM

Working: YES
Occupation: MAINTENANCE 1
Date of Birth: 1971-10-14
Gender: MALE
Home Phone: 787-368-3107
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 496 MCKEAN STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language: SPANISH

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? YES
What hours does patient work? 730AM-330 PM M-F

Referring Doctor

First Name: MATTHEW J.
Last Name: GARFINKEL MD
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, 5TH FLOOR
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery?
Surgery Date:
DX: RIGHT SHOULDER ADVANCED GLENOHUMERAL DEGENERATIVE JO
Body Parts: RIGHT SHOULDER
of Auth visits: 12
Freq/Duration: 3XS A WEEK FOR 4 WEEKS
Script: YES
Follow-up MD: 2022-11-22

Special Instructions

Special Instructions: ANY FURTHER QUESTIONS OR CORRESPONDENCE PLEASE
CONTACT DFORGIONE@RISKSOLUTIONS.COM

THANK YOU