

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: ROBERTO
Last Name: PUNTIEL
Claim Number: PJWC084359
Date of Injury: 2023-06-28
ICD Code 844.8, S86.911A
Describe Injury: STRAIN OF UNSP MUSCLE/TEND AT LOWER LEG LEVEL, RIGHT LEG, INIT-S86.911A

Working: YES
Occupation: TREE TRIMMER
Date of Birth: 1984-03-13
Gender: MALE
Home Phone: (732)510-9699
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 603 CHARLES ST
Address 2:
City: PERTH AMBOY
State: NEW JERSEY
Zip: 08861
Preferred Language: ENGLISH

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 732-324-3681
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? 7:30AM-3:30PM M-F

Referring Doctor

First Name: SHANTHI
Last Name: REDDY, MD
Practice Name: CONCENTRA MEDICAL CENTERS
Phone Number: 732-248-0088
Email Address:
Fax: 732-248-4408
Address 1: 16 ETHEL ROAD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX: STRAIN OF UNSP MUSCLE/TEND AT LOWER LEG LEVEL, RIGHT LEG
Body Parts: RIGHT KNEE
of Auth visits: 1
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU.