

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: MRI
First Name: DONALD
Last Name: CLAIRE
Claim Number: GSNPO81665
Date of Injury: 2022-10-12
ICD Code
Describe Injury: RIGHT KNEE W/O CONTRAST
Working: YES
Occupation: ASSIANT DIRECTOR
Date of Birth: 1966-11-28
Gender: MALE
Home Phone: 732-859-5964
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1111 LOGAN ROAD
Address 2:
City: OCEAN
State: NJ
Zip: 07712
Preferred Language:

Employee

Company: TOWNSHIP OF NEPTUNE
Phone Number: 7329885200

Contact: STEPHANIE OPPEGAARD
Address 1: 25 NEPTUNE BLVD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours? YES
What hours does patient work? 8AM-4P M-F

Referring Doctor

First Name: DOROTA
Last Name: SOHALL, APN
Practice Name: HACKENSACK MERDIAN HEALTH
Phone Number: 732-236-7950
Email Address:
Fax: 732-253-7902
Address 1: 2-12 CORBETTS WAY
Address 2:
City: EATONTOWN
State: NJ
Zip: 07724
Did patient have surgery? NO
Surgery Date:
DX: RIGHT KNEE W/O CONTRAST
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

THANK YOU!