

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: HERARD
Last Name: INNOCENT
Claim Number: GSNP081392
Date of Injury: 2022-09-19
ICD Code M54.59
Describe Injury: LOW BACK PAIN

Working: YES
Occupation: CDL DRIVER
Date of Birth: 1984-03-13
Gender: MALE
Home Phone: 732-875-9541
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 729 JOHN TERRACE
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
Preferred Language:

Employee

Company: TOWNSHIP OF NEPTUNE
Phone Number: 7329885200 EXT 230

Contact: STEPHANIE OPPEGAARD
Address 1: 25 NEPTUNE BLVD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours?
What hours does patient work? 630AM - 3PM (M-F)

Referring Doctor

First Name: PRAVEEN
Last Name: YALAMANCHILI, MD
Practice Name: SEAVIEW ORTHOPEDIC
Phone Number: 732-660-6200
Email Address:
Fax: 732-660-6201
Address 1: 1200 EAGLE AVE
Address 2:
City: OCEAN
State: NJ
Zip: 07712
Did patient have surgery? NO
Surgery Date:
DX: MRI LUMBOSACRAL SPINE W/O CONTRAST
Body Parts: LOW BACK - LUMBAR
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

THANK YOU!
F/U IN 4 WEEKS