

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: US
First Name: FRANK
Last Name: CRISTIANO
Claim Number: PJWC087128
Date of Injury: 2024-02-26
ICD Code
Describe Injury: RIGHT INGUINAL / GROIN
Working: YES
Occupation: DETECTIVE
Date of Birth: 1988-01-04
Gender: MALE
Home Phone: (732)986-2614
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 257 LAKE SHORE DRIVE
Address 2:
City: BRICK
State: NJ
Zip: 08723
Preferred Language:

Employee

Company: PERTH AMBOY POLICE DEPT
Phone Number: 732-442-4400

Contact:
Address 1: 365 NEW BRUNSWICK AVE
Address 2:
City: PERTH
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 5PM-3AM

Referring Doctor

First Name: YVONNE
Last Name: FARNACIO, MD, MPH
Practice Name: HACKENSACK MERIDIAN HEALTH
Phone Number: 732-942-9550
Email Address:
Fax: 732-942-9554
Address 1: 1430 HOOPER AVE
Address 2: SUITE 202
City: TOMS RIVER
State: NJ
Zip: 08753
Did patient have surgery?
Surgery Date:
DX: RIGHT INGUINAL/ GROIN
Body Parts: RIGHT INGUINAL/ GROIN
of Auth visits:
Freq/Duration:
Script:
Follow-up MD:

Special Instructions

Special Instructions: PLEASE SCHEDULE NEAR HIS HOME ADDRESS
HE WORKS 5PM-3AM, HE WILL BE GOING ON HIS OWN
TIME

FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU