

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: EMG
First Name: IVETTE
Last Name: RIOS
Claim Number: PJWC082691
Date of Injury: 2023-01-23
ICD Code G56.22 LESSION OF ULNAR NERVE & LEFT UPPER LIMB
Describe Injury: LEFT SUPRASCAPULAR NEUROPATHY
Working: YES
Occupation: INSPECTION CODE OFFICAL
Date of Birth: 1972-08-25
Gender: FEMALE
Home Phone: 848-207-8552
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 414 PADEREWSKI AVE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

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: 07753
PT - Schedule during work hours?
What hours does patient work? 9-5PM M-F

Referring Doctor

First Name: FRANKLIN
Last Name: CHEN, M.D.
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? YES
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT KRISTIN WILKINSON AT
KWILKINSON@RISKSOLUTIONS.COM

THANK YOU,

F/U DR CHEN 04/19/2023