

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: PT
First Name: EMERSON
Last Name: THOMAS
Claim Number: GSCR083521
Date of Injury: 2023-03-01
ICD Code Z47.89
Describe Injury: INJ R SHOULDER/BACK WHEN LIFTING CAN INTO TRUCK
Working: YES
Occupation: DRIVER
Date of Birth: 1972-10-24
Gender: MALE
Home Phone: (908)463-6932
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 916 BACHELLER AVE.
Address 2:
City: LINDEN
State: NEW JERSEY
Zip: 07036
Preferred Language: ENGLISH

Employee

Company: CITY OF RAHWAY
Phone Number:

Contact:
Address 1: ONE CITY HALL PLAZA
Address 2:
City: RAHWAY
State: NJ
Zip: 07065
PT - Schedule during work hours? YES
What hours does patient work?

Referring Doctor

First Name: ANTHONY
Last Name: PETROSINI, MD
Practice Name: ORTHOPAEDIC INSTITUTE
Phone Number: 732-800-9000
Email Address:
Fax:
Address 1: 2315 ROUTE 34
Address 2:
City: MANASQUAN
State: NJ
Zip: 08736
Did patient have surgery? YES
Surgery Date: 2023-06-29
DX: ENCOUNTER FOR OTHER ORTHOPAEDIC AFTERCARE
Body Parts: RIGHT SHOULDER
of Auth visits: 12
Freq/Duration: 3X PER WEEK FOR 4 WEEKS
Script: YES
Follow-up MD: 2023-08-08

Special Instructions

Special Instructions: FOR ANY FURTHER QUESTIONS OR CORRESPONDENCE,
PLEASE CONACT KRISTIN WILKINSON:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU.