

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: OT
First Name: LISA
Last Name: RODRIGUEZ,
Claim Number: HST085491
Date of Injury: 2023-10-03
ICD Code
Describe Injury: HEALED FRACTURE LEFT RING FINGER MIDDLE PHALANX
Working: YES
Occupation: POLICE
Date of Birth: 1983-11-20
Gender: FEMALE
Home Phone: (973) 202-1431
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 234 NORTH 9TH ST.
Address 2:
City: KENILWORTH
State: NJ
Zip: 07033
Preferred Language:

Employee

Company: TOWNSHIP OF HILLSIDE- HILLSIDE PD
Phone Number: 973-926-5800

Contact:
Address 1: 1409 LIBERTY AVE
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
PT - Schedule during work hours? YES
What hours does patient work? 7:00 AM- 5:00 PM, 5 ON 5 OFF

Referring Doctor

First Name: PETER S.H.
Last Name: CHAN, MD
Practice Name: HAND SURGERY SPECIALISTS LLC
Phone Number: 908-470-4263
Email Address:
Fax: 908-470-0001
Address 1: 28 WILLIS WAY
Address 2:
City: PISCATAWAY
State: NJ
Zip: 08854
Did patient have surgery? YES
Surgery Date: 2023-10-12
DX: HEALED FRACTURE LEFT RING FINGER MIDDLE PHALANX
Body Parts: LEFT RING FINGER MIDDLE PHALANX
of Auth visits: 12
Freq/Duration: 3X A WEEK/ 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU