

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** DOMINIQUE  
**Last Name:** FORGIONE  
**Main Phone:** 973-940-1851  
**Ext.:** 235  
**Fax:** 973-940-1852  
**Email Address** DFORGIONE@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** WILLIAM  
**Last Name:** PEREZ  
**Claim Number:** PJWC081013  
**Date of Injury:** 2022-08-24  
**ICD Code** S80.02XA, M22.8X2  
**Describe Injury:**

**Working:** YES  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1992-04-11  
**Gender:** MALE  
**Home Phone:** (848)203-4294  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 412 MONTROSE LANE  
**Address 2:**  
**City:** GALLOWAY  
**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:** 08861  
**PT - Schedule during work hours?**  
**What hours does patient work?**

## Referring Doctor

**First Name:** DR. JAMES  
**Last Name:** COZZARELLI, MD  
**Practice Name:** SEAVIEW ORTHOPEDICS  
**Phone Number:** (732) 660-6200  
**Email Address:**  
**Fax:**  
**Address 1:** 500 BARNEGAT BLVD.  
**Address 2:**  
**City:** BARNEGAT  
**State:** NJ  
**Zip:** 08005  
**Did patient have surgery?** YES  
**Surgery Date:** 2022-11-16  
**DX:** LEFT KNEE ARTHROSCOPY W/SYNOVECTOMY AND LATERAL RELEASE  
**Body Parts:** LEFT KNEE  
**# of Auth visits:** 6  
**Freq/Duration:** 3 TIMES A WEEK FOR 2 WEEKS  
**Script:** YES  
**Follow-up MD:** 2022-12-12

## Special Instructions

**Special Instructions:**