

# 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:** PT  
**First Name:** DEBRA  
**Last Name:** CALVIT  
**Claim Number:** CALVIT  
**Date of Injury:** 2024-03-26  
**ICD Code**  
**Describe Injury:** INJ R KNEE & BACK WAS OPENING DOOR TO LET SOMEONE IN  
& FELL UP THE STEPS  
  
**Working:** YES  
**Occupation:** CUSTODIAN  
**Date of Birth:** 1959-06-14  
**Gender:** FEMALE  
**Home Phone:** (908)635-8744  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1289 WALD DRIVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07062  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF ED

**Phone Number:** (908)731-4323  
**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 10:00AM - 7:00PM

## Referring Doctor

**First Name:**  
**Last Name:**  
**Practice Name:** CONCENTRA MEDICAL CENTER  
**Phone Number:** (908) 757-1424  
**Email Address:**  
**Fax:** (908) 757-5678  
**Address 1:** 116 CORPORATE BLVD  
**Address 2:** SUITE E  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** BILATERAL LUMBAR SPINE  
**Body Parts:** BACK  
**# of Auth visits:** 6  
**Freq/Duration:** 3X A WEEK/ 2 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU