

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: PT
First Name: DONALD
Last Name: CLARE
Claim Number: GSNP081665
Date of Injury: 2022-10-12
ICD Code M17.31 - S83.231A - S83.281A
Describe Injury: RIGHT KNEE INITIAL ENCOUNTER
Working: YES
Occupation: ASSISANT DIRECTOR OF CODE & CONSTRUCTION
Date of Birth: 1966-11-28
Gender: MALE
Home Phone: 732-859-5964
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1111 LOGAN ROAD
Address 2:
City: OCEAN TWP
State: NJ
Zip: 07712
Preferred Language:

Employee

Company: TOWNSHIP OF NEPTUNE
Phone Number: 7329885200

Contact: STEPHANIE OPPEGAARD
Address 1: 25 NEPTUNE BLVD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours? YES
What hours does patient work? 8AM - 4PM M-F

Referring Doctor

First Name: KENNETH Y
Last Name: CHERN, MD
Practice Name: SEAVIEW ORTHOPEDIC
Phone Number: 732-660-6200
Email Address:
Fax: 732-660-6201
Address 1: 1200 EAGLE AVE
Address 2:
City: OCEAN
State: NJ
Zip: 07712
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits: 9
Freq/Duration: 3XS A WEEK FOR 3WEEKS
Script: YES
Follow-up MD: 2022-11-30

Special Instructions

Special Instructions: ANY QUESTIONS OR FURTHER CORRESPONDENCE PLEASE
CONTACT DFORGIONE@RISKSOLUTIONS.COM

THANK YOU!