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: MRI
First Name: AMBER
Last Name: MCKNIGHT
Claim Number: PLB087271
Date of Injury: 2024-03-07
ICD Code
Describe Injury: STRAIN OF MUSCLE IN LOWER BACK

Working: YES
Occupation: SCHOOL NURSE
Date of Birth: 1989-09-15
Gender: FEMALE
Home Phone: (201)668-5912
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 46 ALISON RD.
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED
Phone Number: (908)731-4323

Contact: WENDY HARDY
Address 1: 12OO MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 805AM-305PM, M-F

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO, MD
Practice Name:
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE E
City: SOUTH PLAINFIELD
State NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: STRAIN OF MUSCLE IN LOWER BACK
Body Parts: BACK
# of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU