

# Referral

## Submitter

**Company Name:** DH ALTERNATIVE RISK SOLUTIONS  
**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:** QUANTA  
**Last Name:** CABBEL  
**Claim Number:** PLB085241  
**Date of Injury:** 2023-09-15  
**ICD Code** S66.912A  
**Describe Injury:** STARAIN OF UNSP MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, I

**Working:** YES  
**Occupation:** ASSISTANT HEAD CUSTODIAN  
**Date of Birth:** 1979-06-18  
**Gender:** MALE  
**Home Phone:** 732-803-1551  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 2612 HOLLAND DRIVE  
**Address 2:**  
**City:** SOMERSET  
**State:** NJ  
**Zip:** 08873  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION

**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?** 630AM -330PM M-F

## Referring Doctor

**First Name:** NEOLA  
**Last Name:** GUSHWAY-HENRY, MD  
**Practice Name:** CONCENTRA MEDICAL CENTER NJ  
**Phone Number:** 908-757-1424  
**Email Address:**  
**Fax:** 908-757-5678  
**Address 1:** 116 CORPOATE BLVD  
**Address 2:** STE E  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?**  
**Surgery Date:**  
**DX:**  
**Body Parts:** LEFT HAND  
**# of Auth visits:** 6  
**Freq/Duration:** 3XS A WEEK FOR 2 WEEKS  
**Script:** YES  
**Follow-up MD:** 0023-09-27

## Special Instructions

**Special Instructions:** ANY QUESTIONS CONTACT CSHELL@RISKSOLUTIONS.COM

THANK YOU