

# Referral

## Submitter

**Company Name:** DH ALTERNATIVE RISK SOLUTIONS  
**First Name:** KRISTIN  
**Last Name:** WILKINSON  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** KWILKINSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** GEZIM  
**Last Name:** ISMAILOVSKI  
**Claim Number:** PVS083381  
**Date of Injury:** 2023-04-03  
**ICD Code**  
**Describe Injury:** LUMBAR  
**Working:** YES  
**Occupation:** MAINTENANCE APPRENTICE  
**Date of Birth:** 1976-05-05  
**Gender:** MALE  
**Home Phone:** (973)805-0966  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 108 CORABELLE AVE.  
**Address 2:**  
**City:** LODI  
**State:** NJ  
**Zip:** 07644  
**Preferred Language:**

## Employee

**Company:** PASSAIC VALLEY SEWAGE AUTHORITY  
**Phone Number:** 973-817-5695

**Contact:** CHRISTINE CATENARO  
**Address 1:** 600 WILSON AVE  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**PT - Schedule during work hours?**  
**What hours does patient work?** 730-330 (M-F)

## Referring Doctor

**First Name:** RICHARD S.  
**Last Name:** NACHWALTER MD  
**Practice Name:** ATLANTIC SPINE SPECIALISTS  
**Phone Number:** 973-971-3500  
**Email Address:**  
**Fax:** 973-683-0016  
**Address 1:** 131 MADISON AVE  
**Address 2:** SUITE 110  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** YES  
**Surgery Date:** 2023-08-22  
**DX:** LEFT L4-5 LUMBAR MICRODISCECTOMY  
**Body Parts:** LUMBAR  
**# of Auth visits:** 8  
**Freq/Duration:** 2XS A WEEK FOR 4 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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