

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** JESSICA  
**Last Name:** LEMASSON  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 9739401852  
**Email Address** JLEMASSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** JONATHAN  
**Last Name:** CORONADO  
**Claim Number:** PJWC085779  
**Date of Injury:** 2023-10-29  
**ICD Code**  
**Describe Injury:** RIGHT KNEE INTERNAL DERANGEMENT  
**Working:** YES  
**Occupation:** POLICE  
**Date of Birth:** 1986-02-20  
**Gender:** MALE  
**Home Phone:** (732) 877-7942  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 110 WALTER DRIVE  
**Address 2:**  
**City:** WOODBRIDGE  
**State:** NJ  
**Zip:** 07095  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** (732)826-0290

**Contact:** MARIA RIVERA  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 7:30A-5:30P, 4 ON 4 OFF

## Referring Doctor

**First Name:** MATTHEW J.  
**Last Name:** GARFINKEL, MD  
**Practice Name:** EDISON METUCHEN ORTHOPAEDIC GROUP  
**Phone Number:** 732-494-6226  
**Email Address:**  
**Fax:** 732-494-8762  
**Address 1:** 10 PARSONAGE ROAD  
**Address 2:** STE 500, 5TH FLOOR  
**City:** EDISON  
**State:** NJ  
**Zip:** 08837  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** RIGHT KNEE INTERNAL DERANGEMENT  
**Body Parts:** RIGHT KNEE  
**# of Auth visits:** 18  
**Freq/Duration:** 3X A WEEK FOR 6 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU