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: GARRY
Last Name: HOWARD
Claim Number: PJWC085660
Date of Injury: 2023-10-18
ICD Code
Describe Injury: BACK AND RIGHT KNEE

Working: YES
Occupation: TRUCK DRIVER
Date of Birth: 1963-07-03
Gender: MALE
Home Phone: (908)296-7260
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 717 WASHINGTON AVENUE
Address 2: APT. A3
City: LINDEN
State: NJ
Zip: 07036
Preferred Language: ENGLISH

Employee

Company: ROSELLE DPW
Phone Number: 908-241-2014

Contact: KHEESHA WALLS
Address 1: 210 CHESTNUT ST
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 5 AM- 1PM, M-F

Referring Doctor

First Name: GREGORY S
Last Name: GALLICK, MD
Practice Name:
Phone Number: 908-686-6665
Email Address:
Fax:
Address 1: 2780 MORRIS AVE
Address 2: 2C
City: UNION
State NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: LUMBOSACRAL STRAIN
Body Parts: BACK
# of Auth visits: 6
Freq/Duration: 3 X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-11-08

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU