

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, OT, VESTIBULAR
First Name: DARRELL
Last Name: LEWIS
Claim Number: IWC085775-01
Date of Injury: 2023-10-27
ICD Code
Describe Injury: CONCUSSION, VESTIBULAR DYSFUNCTION IN BOTH EARS
Working: YES
Occupation: POLICE
Date of Birth: 1980-01-17
Gender: MALE
Home Phone: (973)570-0411
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 24 LAFAYETTE AVENUE
Address 2:
City: SUMMIT
State: NJ
Zip: 07901
Preferred Language:

Employee

Company: IRVINGTON TWP POLICE DPT
Phone Number: 973-399-6600

Contact:
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? YES
What hours does patient work? 445PM ? 4AM (4 ON 4 OFF)

Referring Doctor

First Name: VINAY
Last Name: CHOPRA, MD
Practice Name: GENESIS ORTHOPAEDIC AND SPINE
Phone Number: 908-588-2311
Email Address:
Fax: 908-588-2319
Address 1: 25 LINDSEY DR
Address 2: STE 208
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: CONCUSSION, VESTIBULAR DYSFUNCTION IN BOTH EARS
Body Parts: HEAD
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-11-22

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU