

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** SHALENE  
**Last Name:** BOLAN  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** SBOLAN@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** RONNIE  
**Last Name:** THOMAS  
**Claim Number:** PLB080254  
**Date of Injury:** 2022-06-16  
**ICD Code** S39.012  
**Describe Injury:** INJ MULT BODY PARTS, EE WAS BREAKING UP A FIGHT BETWEEN 2 STUDENTS

**Working:** YES  
**Occupation:** GUARD  
**Date of Birth:** 1956-07-15  
**Gender:** MALE  
**Home Phone:** (908)565-3064  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1299 ARLINGTON AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NEW JERSEY  
**Zip:** 07060  
**Preferred Language:** ENGLISH

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION

**Phone Number:** 908-731-4325  
**Contact:** TASHEEN CROSBY  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 7:15AM - 2:45PM

## Referring Doctor

**First Name:** CHARLES  
**Last Name:** GATTO, MD  
**Practice Name:** THE ADVANCED SPINE CENTER  
**Phone Number:** 973-538-0900  
**Email Address:**  
**Fax:** 973-538-0909  
**Address 1:** 160 EAST HANOVER AVENUE  
**Address 2:** SUITE 201  
**City:** MORRISTOWN  
**State:** NEW JERSEY  
**Zip:** 07960  
**Did patient have surgery?** YES  
**Surgery Date:** 2023-01-04  
**DX:** LUMBAR STRAIN  
**Body Parts:** BACK  
**# of Auth visits:** 6  
**Freq/Duration:** 3X PER WEEK FOR 2 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU,

SHALENE