

# 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, DME  
**First Name:** SALVTORE  
**Last Name:** RENNA  
**Claim Number:** GSCRO85787  
**Date of Injury:** 2023-10-28  
**ICD Code** Z47.89 & S46.211D  
**Describe Injury:** RIGHT BICEPS

**Working:** NO  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1991-05-07  
**Gender:** MALE  
**Home Phone:** 908-494-0265  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**

**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 43 BAIRD ROAD  
**Address 2:**  
**City:** MILLSTONE  
**State:** NJ  
**Zip:** 08535  
**Preferred Language:**

## Employee

**Company:** CITY OF RAHWAY  
**Phone Number:** 732-827-2096

**Contact:** MOLLY ORTIZ  
**Address 1:** 1 CITY HALL PLAZA  
**Address 2:**  
**City:** RAHWAY  
**State:** NJ  
**Zip:** 07065  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 8PM-630AM 4ON 4 OFF

## Referring Doctor

**First Name:** STACEY  
**Last Name:** GALLACHER,MD  
**Practice Name:** ADVANCED ORTHO AND SPORTS MED INST  
**Phone Number:** 732-720-2555  
**Email Address:**  
**Fax:**  
**Address 1:** 301 PROFESSIONAL VIEW DRIVE  
**Address 2:**  
**City:** FREEHOLD  
**State:** NJ  
**Zip:** 07728  
**Did patient have surgery?** YES  
**Surgery Date:** 2023-11-20  
**DX:**  
**Body Parts:**  
**# of Auth visits:** 12  
**Freq/Duration:** 3XS A WEEK FOR 4 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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

\*IW REQUESTS IF HE CAN GO TO PT CLOSE TO HOME\*

2 SCRIPTS  
PT & DME HINGED ROM