

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: DME
First Name: JORGE
Last Name: IRIZARRY II
Claim Number: PJWC083998
Date of Injury: 2023-05-27
ICD Code RIGHT CPM MACHINE
Describe Injury: RIGHT KNEE
Working: NO
Occupation:
Date of Birth: 1983-02-18
Gender: FEMALE
Home Phone: 732-841-6108
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 126 IRON ORE ROAD
Address 2:
City: MANALAPAN
State: NJ
Zip: 07726
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 973-826-0290

Contact:
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: MATTHEW J.
Last Name: GARFINKEL MD
Practice Name: EDISON-METUCHEN ORTHOPAEDIC GROUP
Phone Number: 732-494-6226
Email Address:
Fax:
Address 1: 10 PARSONAGE ROAD
Address 2: SUITE 500, 5TH FLOOR
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? YES
Surgery Date: 0023-10-09
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 0023-11-07

Special Instructions

Special Instructions: ANY QUESTIONS CONTACT
KWILKINSON@RISKSOLUTIONS.COM