

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** JESSICA  
**Last Name:** LEMASSON  
**Main Phone:** 973-940-1851  
**Ext.:** 286  
**Fax:** 973-940-1852  
**Email Address** JLEMASSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** PAUL  
**Last Name:** DAVIS JR  
**Claim Number:** PJWC087248  
**Date of Injury:** 2024-03-08  
**ICD Code**  
**Describe Injury:** INJ MULT BODY PART WHILE PROCESSING SUBJECT, WAS PUNCHED & HIT WITH A CHAIR

**Working:** YES  
**Occupation:** POLICE  
**Date of Birth:** 1991-08-12  
**Gender:** MALE  
**Home Phone:** (973) 518-3677  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 133 FRANKLIN AVENUE  
**Address 2:**  
**City:** WEST ORANGE  
**State:** NJ  
**Zip:** 07052  
**Preferred Language:**

## Employee

**Company:** BOROUGH OF ROSELLE

**Phone Number:** 908-241-2014  
**Contact:** SHATERA SMITH  
**Address 1:** 210 CHESTNUT STREET  
**Address 2:**  
**City:** ROSELLE  
**State:** NJ  
**Zip:** 07203  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 2 PM ? 12:45AM (4 DAYS ON/OFF)

## Referring Doctor

**First Name:** CHARLES A  
**Last Name:** GATTO, MD  
**Practice Name:** THE ADVANCED SPINE CENTER  
**Phone Number:** 973-538-0900  
**Email Address:**  
**Fax:** 973-538-0909  
**Address 1:** PO BOX 2266  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07962  
**Did patient have surgery?**  
**Surgery Date:**  
**DX:** LUMBAR STRAIN  
**Body Parts:** BACK  
**# of Auth visits:**  
**Freq/Duration:** 2-3 X A WEEK/4 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU