

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOULUTIONS  
**First Name:** KRISTIN  
**Last Name:** WILKINSON  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** KWILKINSON@RISKSOLUTIONS.COM

## Claimant

**Request:** MRI  
**First Name:** MILTON  
**Last Name:** ROMAN III  
**Claim Number:** GSNP082591  
**Date of Injury:** 2023-01-20  
**ICD Code** S80.02XA  
**Describe Injury:** LEFT KNEE W/O CONTRAST - CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER

**Working:** NO  
**Occupation:** POLICE  
**Date of Birth:** 1988-11-11  
**Gender:** MALE  
**Home Phone:** 732-485-0278  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1522 8TH AVE  
**Address 2:**  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**Preferred Language:**

## Employee

**Company:** TOWNSHIP OF NEPTUNE

**Phone Number:** 7329885200  
**Contact:** STEPHANIE OPPEGAARD  
**Address 1:** 25 NEPTUNE BLVD  
**Address 2:**  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**PT - Schedule during work hours?**  
**What hours does patient work?** PITTMAN 7PM-7AM

## Referring Doctor

**First Name:** KRYSTAL  
**Last Name:** CASAYURAN-WRIGHT, APN-C  
**Practice Name:** HACKENSACK MERDIAN HEALTH  
**Phone Number:** 732-776-4251  
**Email Address:**  
**Fax:** 732-776-4210  
**Address 1:** 2441 HIGHWAY 33  
**Address 2:** SUITE A  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:**  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-01-30

## Special Instructions

**Special Instructions:** ANY QUESTIONS OR FURTHER CORRESPONDENCE PLEASE  
CONTACT DFORGIONE@RISKSOLUTIONS.COM

THANK YOU