

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: PT
First Name: MATTHEW
Last Name: LOMERSON
Claim Number: GSNP082075
Date of Injury: 2022-11-29
ICD Code S00.93XD & S13.4XXD
Describe Injury: CONTUSION OF HEAD & SPRAIN OF LIGAMENTS OF CERVICAL SPINE; BOTH SUBSEQUENT ENCOUNTERS

Working: YES
Occupation: DRIVER
Date of Birth: 1974-07-04
Gender: MALE
Home Phone: 908-910-3570
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 6 MARCY DRIVE
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? YES
What hours does patient work? 630AM-P3M (M-F)

Referring Doctor

First Name: RICHARD
Last Name: ABRAMOWITZ, MD
Practice Name: MERIDIAN OCCUPATION HEALTH
Phone Number: 723-776-4251
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: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

THANK YOU