

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: WILLAM
Last Name: DICKSON
Claim Number: GSCR085043
Date of Injury: 2023-08-30
ICD Code S16.1XXA, S29.019A
Describe Injury: STRAIN OF MUSCLE, FASCIA TENDON AT NECK LEVEL &
STRAIN OF MUSCLE & TENDON OF UNSP WALL OF THROAX

Working: YES
Occupation: DPW DRIVER
Date of Birth: 1957-11-28
Gender: MALE
Home Phone: 732-388-2214
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1230 CELLAR AVE
Address 2: APT 21
City: CLARK
State: NJ
Zip: 07066
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? 7AM ? 230 M-F

Referring Doctor

First Name: SARLA
Last Name: CHHABRIA
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 732-381-3636
Email Address:
Fax: 732-381-5977
Address 1: 2 CITY HALL PLAZA
Address 2: STE 302
City: RAHWAY
State: NJ
Zip: 07066
Did patient have surgery?
Surgery Date:
DX:
Body Parts: NECK & THORAX
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-09-20

Special Instructions

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

THANK YOU