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: OT
First Name: SANDRO
Last Name: PEREZ-JIMENEZ
Claim Number: PJWC080185
Date of Injury: 2022-06-13
ICD Code M19.011/012
Describe Injury: RIGHT SHOULDER GLENOHUMERAL ARTHRITIS

Working: NO
Occupation: LABORER
Date of Birth: 1971-10-14
Gender: MALE
Home Phone: 784-368-3107
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 496 MCKEAN STREET
Address 2:
City: PERTH AMBOY
State: N J
Zip: 08861
Preferred Language: SPANISH SPEAKING ONLY

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 732-826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 730-330 (M-F)

Referring Doctor

First Name: ANDREW A.
Last Name: WILLIS,M.D
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax: 973-585-5706
Address 1: 197 RIDGEDALE AVENUE
Address 2: P.O BOX 1446
City: MORRISTOWN
State NJ
Zip: 07962
Did patient have surgery? YES
Surgery Date: 2023-03-16
DX: RIGHT SHOULDER HEMIARTHROPLASTY
Body Parts: RIGHT SHOULDER
# of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-04-24

Special Instructions

Special Instructions: ANY QUIESTIONS OR FURTHER CORRESPONDENCE
PLEASE CONTACT KWILKINSON@RISKSOLUTIONS.COM

THANK YOU

SPANISH SPEAKING ONLY