

# 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:** HANI  
**Last Name:** TAWIK  
**Claim Number:** PJWC083550  
**Date of Injury:** 2023-04-07  
**ICD Code** S89.91XA  
**Describe Injury:** UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER

**Working:** YES  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1982-06-28  
**Gender:** MALE  
**Home Phone:** 732-684-1522  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 20 SOUTH MAPLEWOOD AVE  
**Address 2:**  
**City:** KEASBEY  
**State:** NJ  
**Zip:** 08832  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY -PD

**Phone Number:** 732-771-2508  
**Contact:** MARIA RIVERA  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** PA  
**Zip:** 08861  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** TUES - FRI 7AM - 5PM

## Referring Doctor

**First Name:** SHANTHI  
**Last Name:** REDDY MD  
**Practice Name:** CONCENTRA MEDICAL CENTER NJ  
**Phone Number:** 732-248-0088  
**Email Address:**  
**Fax:** 732-248-4408  
**Address 1:** 16 ETHEL ROAD  
**Address 2:**  
**City:** EDISON  
**State:** NJ  
**Zip:** 08817  
**Did patient have surgery?** YES  
**Surgery Date:** 2022-03-21  
**DX:**  
**Body Parts:** RIGHT KNEE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-04-28

## Special Instructions

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

THANK YOU