

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: LAMONT
Last Name: HARRIS, SR
Claim Number: PLB089383
Date of Injury: 2024-09-27
ICD Code
Describe Injury: INJ R SHOULDER WAS LIFTING A LARGE TABLE
Working: YES
Occupation: CUSTODIAN
Date of Birth: 1961-12-24
Gender: MALE
Home Phone: (908)279-9604
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1115 HELENE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language: ENGLISH

Employee

Company: PLAINFIELD BOARD OF ED
Phone Number: (908)731-4323

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? 630AM-330PM, M-F

Referring Doctor

First Name: SHERYL
Last Name: CEKOT, NP
Practice Name: CONCENTRA MEDICAL CENTER
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, IN
Body Parts: RIGHT SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU