

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: LUCIA
Last Name: WINTER
Main Phone: 973-940-1851
Ext.: 225
Fax: 973-940-1852
Email Address LWINTER@RISKSOLUTIONS.COM

Claimant

Request: PT, WH
First Name: RYAN
Last Name: SMITH
Claim Number: PJWC086124
Date of Injury: 2023-11-28
ICD Code S43.001D
Describe Injury: WHILE AT THE FIRE ACADEMY CONDUCTING RECRUIT FITNESS EVALUATION, IW FELT A SHARP PAIN TO HIS RIGHT SHOULDER DURING MULTIPLE PT EXERCISES.

Working: YES
Occupation: FIREFIGHTER RECRUIT
Date of Birth: 2002-09-08
Gender: MALE
Home Phone:
Cell Phone: (201)835-8553
Work Phone: 201-808-8080
Ext.: 5002
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 164 LARCH AVE.
Address 2:
City: TEANECK
State: NJ
Zip: 07666
Preferred Language: ENGLISH

Employee

Company: TOWNSHIP OF TEANECK
Phone Number: 201-837-1600
Contact:
Address 1: 818 TEANECK ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours? YES
What hours does patient work?

Referring Doctor

First Name: ADAM
Last Name: BERNSTEIN
Practice Name: GARDEN STATE ORTHOPAEDIC ASSOCIATES
Phone Number: 201-475-0016
Email Address:
Fax: 201-475-0080
Address 1: 28-04 BROADWAY
Address 2:
City: FAIRLAWN
State: NJ
Zip: 07410
Did patient have surgery? NO
Surgery Date:
DX: S43.001D
Body Parts: RIGHT SHOULDER
of Auth visits: 10 VISITS
Freq/Duration: 5 TIMES A WEEK
Script: YES
Follow-up MD: 2024-04-16

Special Instructions

Special Instructions: PLEASE SCHEDULE WORK CONDITIONING ASAP.

CHARLINE, I WILL SEND SEPARATE EMAIL WITH THE JOB DESCRIPTION AS THERE ARE MANY DOCUMENTS.