

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: JESSICA
Last Name: LEIVA
Claim Number: PJWC089558
Date of Injury: 2024-10-12
ICD Code
Describe Injury: INJ R ARM/WHILE ASSITING ARREST, ARM GOT PINNED UNDER SUSPECT'S LEGS

Working: YES
Occupation: POLICE
Date of Birth: 1986-11-23
Gender: FEMALE
Home Phone: (732)824-1424
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1025 W BLANCHE ST
Address 2:
City: LINDEN
State: NJ
Zip: 07036
Preferred Language:

Employee

Company: ROSELLE POLICE DEPARTMENT

Phone Number: 908-245-2000
Contact:
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: JEFFREY M
Last Name: WARSHAUER
Practice Name: INFINITY ORTHOPEDICS
Phone Number: 908-364-7801
Email Address:
Fax: 908-222-2757
Address 1: 3 PROGRESS ST
Address 2: SUITE 1
City: EDISON
State: NJ
Zip: 08820
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF RIGHT ELBOW
Body Parts: RIGHT ELBOW
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: *** IW HAS PLANNED VACATION AND WILL BE AWAY FROM 12/13 TO 12/27/24. IS IT POSSIBLE TO GET HER SCHEDULED BEFORE THEN? **

FOR FURTHER QUESTIONS AND CORRESPONDENCE,
PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU