

# 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:** BILAAL  
**Last Name:** JONES  
**Claim Number:** MT063962  
**Date of Injury:** 2018-06-25  
**ICD Code** M25.511 (R)  
**Describe Injury:** RT SHOULDER ROTATOR CUFF TEAR

**Working:** YES  
**Occupation:** EQUIPTMENT OPERATOR  
**Date of Birth:** 1975-08-03  
**Gender:** MALE  
**Home Phone:** 973-207-8335  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 51 LIVINGSTON ROAD  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Preferred Language:**

## Employee

**Company:** TOWN OF MORRISTOWN  
**Phone Number:** 973-292-6627

**Contact:** CATILIN CASTILLO  
**Address 1:** 200 SOUTH ST  
**Address 2:** PO BOX 914  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**PT - Schedule during work hours?**  
**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:** 973-267-6882  
**Address 1:** 197 RIDGEDALE AVENUE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?** YES  
**Surgery Date:** 2018-09-13  
**DX:**  
**Body Parts:**  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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

THANK YOU

MRI - RIGHT SHOULDER WITH 3T MAGNET, CLOSED

NJ IMAGING NETWORK IN CEDAR KNOLLS