

Referral

Submitter

Company Name: DH ALTERNATIVE RISK SOLUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 9739401851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: RYAN
Last Name: CHIPPENDALE
Claim Number: GSNP080021
Date of Injury: 2022-05-30
ICD Code G56.21 & G56.01
Describe Injury: CUBITAL TUNNEL SYNDROME ON RIGHT, RIGHT CARPAL TUNNEL SYNDROME

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1983-05-31
Gender: MALE
Home Phone: 732-284-1289
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 57 ELM PLACE
Address 2:
City: RED BANK
State: NJ
Zip: 07701
Preferred Language:

Employee

Company: TOWNSHIP OF NEPTUNE

Phone Number: 7329885200
Contact: STEPHANIE OPPEGAARD
Address 1: 25 NEPTUNE BLVD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours? YES
What hours does patient work? 7PM-7AM 2 ON 2 OFF 3 ON 2 OFF

Referring Doctor

First Name: KEVIN
Last Name: MCDAID
Practice Name: SEAVIEW ORTHOPEDIC
Phone Number: 732-660-6200
Email Address:
Fax:
Address 1: 1200 EAGLE AVE
Address 2: SUITE 100
City: OCEAN
State: NJ
Zip: 07712
Did patient have surgery? YES
Surgery Date: 2023-09-26
DX: RIGHT ELBOW; ULNAR NERVE DECOMPRESSION & ANTERIOR SUBI
Body Parts:
of Auth visits: 12
Freq/Duration: 3XS A WEEK FOR 4 WEEKS
Script: YES
Follow-up MD: 2023-11-08

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
KWILKINSON@RISKSOLUTIONS.COM