

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: LUCIA
Last Name: WINTER
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address LWINTER@RISKSOLUTIONS.COM

Claimant

Request: DME
First Name: SCOTT
Last Name: BRUNNER
Claim Number: PJWC087918
Date of Injury: 2024-05-08
ICD Code S83.511A S83.241A
Describe Injury: WHILE CONDUCTING A BAILOUT TRAINING EVOLUTION AT HACKENSACK FIRE HEADQUARTERS, IW WAS ON HIS HANDS AND KNEES AND PIVOTED CAUSING A POP TO HIS RIGHT KNEE.

Working: NO
Occupation: FIREFIGHTER
Date of Birth: 1989-10-08
Gender: MALE
Home Phone:
Cell Phone: (551)265-1293
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address: S.BRUNNER76@GMAIL.COM
Address 1: 332 WEBSTER DR.
Address 2:
City: NEW MILFORD
State: NJ
Zip: 07646
Preferred Language: ENGLISH

Employee

Company: TEANECK TOWNSHIP
Phone Number: 2018371600
Contact: DEAN KAZINCI
Address 1: 818 TEANECK RD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours? YES
What hours does patient work?

Referring Doctor

First Name: DENNIS
Last Name: PFISTERER
Practice Name: PFISTERER ORTHOPEDICS
Phone Number: 2018361663
Email Address: NJORTHOCENTER@OPTIMUM.NET
Fax:
Address 1: 870 PALISADE AVE
Address 2:
City: TEANECK
State: NJ
Zip: 07666
Did patient have surgery? YES
Surgery Date: 2024-05-17
DX: S83.511A, S83.241A
Body Parts: RIGHT KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: SURGERY IS SCHED FOR 5/17/24. MUST HAVE ICE MACHINE BY FRIDAY.