

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: DOMINIQUE
Last Name: FORGIONE
Main Phone: 973-940-1851
Ext.: 235
Fax: 973-940-1852
Email Address DFORGIONE@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: RONALD
Last Name: TILLERY
Claim Number: GSNP081505
Date of Injury: 2022-10-05
ICD Code S83.8X2D
Describe Injury: SPRAIN OF LEFT KNEE

Working: YES
Occupation: DRIVER
Date of Birth: 1978-05-22
Gender: MALE
Home Phone: (732)768-4959
Cell Phone:
Work Phone:
Ext.:

Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 139 MONTGOMERY TERRACE
Address 2:
City: RED BANK
State: NJ
Zip: 07701
Preferred Language:

Employee

Company: NEPTUNE TOWNSHIP
Phone Number: 732-988-5200

Contact: STEPHANIE OPPEGAARD
Address 1: 25 NEPTUNE BOULEVARD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours? NO
What hours does patient work? 6:30AM-3PM

Referring Doctor

First Name: RENEE
Last Name: MASON, APN-C
Practice Name: HACKENSACK MERIDIAN OCCUPATIONAL HEALTH
Phone Number: 732-336-4251
Email Address:
Fax: 732-776-4210
Address 1: 2441 HIGHWAY 33
Address 2: SUITE A
City: NEPTUNE
State: NJ
Zip: 07753
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: LEFT KNEE
of Auth visits: 6
Freq/Duration: 3 TIMES PER WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2022-10-27

Special Instructions

Special Instructions: