

# 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:** PT, MRI  
**First Name:** RYAN  
**Last Name:** HEUSSLER  
**Claim Number:** IWC087588  
**Date of Injury:** 2024-04-10  
**ICD Code**  
**Describe Injury:** INJ LOWER BACK LIFTING HEAVY MACHINERY  
**Working:** YES  
**Occupation:** PAID FIRE FIGHTER  
**Date of Birth:** 1996-05-10  
**Gender:** MALE  
**Home Phone:** (973)303-0194  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 8 FOSTER ST.  
**Address 2:**  
**City:** BLOOMFIELD  
**State:** NJ  
**Zip:** 07003  
**Preferred Language:**

## Employee

**Company:** IRVINGTON FIRE DEPARTMENT  
**Phone Number:** 973-399-6562

**Contact:**  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?**  
**What hours does patient work?** OOW

## Referring Doctor

**First Name:** JAY S.  
**Last Name:** REIDLER  
**Practice Name:** PREMIER ORTHOPAEDICS & SPORTS MEDICINE  
**Phone Number:** 201-833-9500  
**Email Address:**  
**Fax:** 201-862-0095  
**Address 1:** 586 KEARNY AVE  
**Address 2:**  
**City:** KEARNY  
**State:** NJ  
**Zip:** 07032  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** LUMBAR SPINE  
**Body Parts:** LUMBAR SPINE  
**# of Auth visits:**  
**Freq/Duration:** 2-3X A WEEK/6 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU