

# 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:** MRI  
**First Name:** PETER  
**Last Name:** ZULIN, JR.  
**Claim Number:** PJWC086663  
**Date of Injury:** 2024-01-20  
**ICD Code**  
**Describe Injury:** INJ R HIP & LOWER BACK WHILE SPREADING SALT, SLIPPED ON ICE & FELL  
  
**Working:** YES  
**Occupation:** LABORER  
**Date of Birth:** 2001-06-18  
**Gender:** MALE  
**Home Phone:** (732)277-4461  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 723 COLUMBUS CIRCLE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY

**Phone Number:** (732)826-0290  
**Contact:**  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 7:30AM ? 3:30PM (MON-FRI)

## Referring Doctor

**First Name:** CHARLES A  
**Last Name:** GATTO, MD  
**Practice Name:** THE ADVANCED SPINE CENTER  
**Phone Number:** 973-538-0900  
**Email Address:**  
**Fax:** 973-538-0909  
**Address 1:** PO BOX 2266  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07962  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** LOW BACK PAIN  
**Body Parts:** LUMBAR SPINE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-04-15

## Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU