

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** JESSICA  
**Last Name:** LEMASSON  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 9739401852  
**Email Address** JLEMASSON@RISKSOLUTIONS.COM

## Claimant

**Request:** XR  
**First Name:** BRANDON  
**Last Name:** GAETA  
**Claim Number:** IWC068684-01  
**Date of Injury:** 2019-08-08  
**ICD Code**  
**Describe Injury:** BI LATERAL LOWER EXTREMITY GUN SHOT WOUND WITH FRACTURES  
  
**Working:** NO  
**Occupation:** POLICE  
**Date of Birth:** 1994-08-05  
**Gender:** MALE  
**Home Phone:** (201)800-2088  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 5 ARAPAHOE DRIVE  
**Address 2:** UNIT 9  
**City:** VERNON  
**State:** NJ  
**Zip:** 07462  
**Preferred Language:**

## Employee

**Company:** TOWNSHIP OF IRVINGTON

**Phone Number:** 973-399-6554  
**Contact:**  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** INDIVIDUAL IS OOW

## Referring Doctor

**First Name:** ASHLEY  
**Last Name:** INATIUK, MD  
**Practice Name:** RUTGERS NEW JERSEY MEDICAL SCHOOL- DEPT OF PLASTIC SURG  
**Phone Number:** 973-972-1129  
**Email Address:**  
**Fax:** 973-972-0006  
**Address 1:** 90 BERGEN ST  
**Address 2:** STE 7200  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07103  
**Did patient have surgery?** YES  
**Surgery Date:** 2020-03-04  
**DX:** LEFT TIBIA FIBULA  
**Body Parts:** LEFT TIBIA FIBULA  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** HE LIVES IN VERNON, HE IS OUT OF WORK AND CAN GO AT ANYTIME.

ANY FURTHER QUESTIONS OR CORRESPONDENCE PLEASE CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU