

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOULUTIONS
First Name: KRISTIN
Last Name: W
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: LEONARD
Last Name: STAVISH
Claim Number: PJWC082121-02
Date of Injury: 2022-12-05
ICD Code 840.3 & S46.912A
Describe Injury: STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT-S46.912A

Working: YES
Occupation: POLICE
Date of Birth: 1964-12-08
Gender: FEMALE
Home Phone: 732-604-3292
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 810 SOUTH STREET
Address 2:
City: POINT PLEASANT
State: NJ
Zip: 08742
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 732-771-2508
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: KERRY
Last Name: MCMAHON
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 732-225-5454
Email Address:
Fax: 732-417-0003
Address 1: 135 RARITAN CENTER PARKWAY
Address 2:
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery?
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS OR FURTHER CORRESPONDENCE PLEASE
CONTACT DFORGIONE@RISKSOLUTIONS.COM

THANK YOU!