

# 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:** OT  
**First Name:** RYAN  
**Last Name:** CHIPPENDALE  
**Claim Number:** GSNP080021  
**Date of Injury:** 2022-05-30  
**ICD Code** G56.01, G56.21  
**Describe Injury:** RIGHT WRIST INJURY

**Working:** NO  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1983-05-31  
**Gender:** MALE  
**Home Phone:** (732) 284-1289  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 57 ELM PLACE  
**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?**  
**What hours does patient work?**

## Referring Doctor

**First Name:** DR. PRAVEEN  
**Last Name:** YALAMANCHILI, MD  
**Practice Name:** SEAVIEW ORTHOPEDICS  
**Phone Number:** (732) 660-6200  
**Email Address:**  
**Fax:** 732-660-6202  
**Address 1:** 2137 ROUTE 35 NORTH  
**Address 2:**  
**City:** HOLMDEL  
**State:** NJ  
**Zip:** 07733  
**Did patient have surgery?** YES  
**Surgery Date:** 2023-01-24  
**DX:** G56.01;G56.21  
**Body Parts:** RIGHT WRIST  
**# of Auth visits:** 6  
**Freq/Duration:** 3 TIMES PER WEEK FOR 2 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** PLEASE SET UP 2-3 DAYS AFTER THE SURGERY  
SCHEDULED FOR 1/24/23.