

Referral Queue ID: 480570138

Patient Referral

Patient Information:

Patient:	HARRIS, LAMONT	Home Phone:	(908) 755-1961
SSN:	XXX-XX-4121	Work Phone:	Ext:
Address:	1115 HELENE AVE	DOI:	09/27/2024
	PLAINFIELD, NJ 07062	DOB:	12/24/1961
		Cell Phone:	(908) 279-9604

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave	Role:	Additional Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4323
Auth. by:		Ext.:	
		Fax:	

Program:

Billing Information:

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68	Address:	PO Box 68
	Newton, NJ 078600068		Newton, NJ 078600068
Phone:	(973) 940-1851	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**
Please send a copy of all reports on this patient to the payer and the center.

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Facility Referral Information:

Referral Status: Auto-Submit
Consult and treat

Priority: Routine

REFERRAL PRESCRIPTION

Recommended Facility:

Facility Type: Test Center

Facility Service: MRI

Referral Purpose

Referral Focus	Hemisphere	Ruleout	Contrast
Shoulder	Right	N/A	Without

Diagnosis

ICD9 Code	ICD10 Code	Description
840.3	S46.911A	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, INIT-S46.911A

Additional Notes:

Auto Create - MRI, Right Shoulder; without contrast material(s)

Date: 10/2/2024

Referring Provider: Sheryl Cekot, NP

*** Provider Signature on File ***

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