

Referral

Submitter

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

Claimant

Request: CT
First Name: KIRBY
Last Name: JOHNSTON
Claim Number: MT078771
Date of Injury: 2021-12-14
ICD Code M25.512L
Describe Injury: LEFT SHOULDER - RTC TEAR

Working: YES
Occupation: SANITATION
Date of Birth: 1958-02-14
Gender: MALE
Home Phone: 908-938-9099
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 2 BURNHAM PARKWAY
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN
Phone Number: 973-292-6627

Contact: CATILIN CASTILLO
Address 1: 200 SOUTH ST
Address 2: PO BOX 914
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: ANDREW A.
Last Name: WILLIS,M.D
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax: 973-267-6882
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: RTC TEAR M75.121/122
Body Parts: LEFT SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS OR FURTHER CORRESPONDENCE PLEASE
CONTACT LUCIA WINTER AT
LWINTER@RISKSOLUTUIONS.COM

THANK YOU
**PLEASE SCHEDULE CT SCAN AT NJIN OF CEDAR
KNOLLS**
F/U AFTER CT SCAN