

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** SHALENE  
**Last Name:** BOLAN  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** SBOLAN@RISKSOLUTIONS.COM

## Claimant

**Request:** OT  
**First Name:** ANTHONY  
**Last Name:** GARCIA  
**Claim Number:** PJWC083918  
**Date of Injury:** 2023-05-18  
**ICD Code**  
**Describe Injury:** STABLE FRACTURE LEFT MIDDLE FINGER METACARPAL, PAIN IN THE HAND  
  
**Working:** YES  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1986-07-03  
**Gender:** MALE  
**Home Phone:** 848-244-0062  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 373 FAYETTE STREET  
**Address 2:** SECOND FLOOR  
**City:** PERTH AMBOY  
**State:** NEW JERSEY  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY

**Phone Number:** 732-826-0290  
**Contact:** MARIA RIVERA  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 4 ON 4 OFF 7:30AM - 5:30PM

## Referring Doctor

**First Name:** PETER S.H.  
**Last Name:** CHAN, MD.  
**Practice Name:** HAND SURGERY SPECIALISTS, LLC.  
**Phone Number:** 908-470-4263  
**Email Address:**  
**Fax:** 908-470-0001  
**Address 1:** 28 WILLS WAY  
**Address 2:**  
**City:** PISCATAWAY TOWNSHIP  
**State:** NEW JERSEY  
**Zip:** 08854  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** STABLE FRACTURE, LEFT MIDDLE FINGER, METACARPAL PAIN IN T  
**Body Parts:** LEFT DIGITS AND WRIST  
**# of Auth visits:** 12  
**Freq/Duration:** 3X FOR 4 WEEKS  
**Script:** YES  
**Follow-up MD:** 2023-06-21

## Special Instructions

**Special Instructions:** ANY QUESTIONS OR FURTHER CORRESPONDENCE, PLEASE  
CONTACT KRISTIN WILKINSON, AT  
KWILKINSON@RISKSOLUTIONS.COM

THANK YOU.