

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: FRANK
Last Name: FUSCO
Claim Number: PLB082769-02
Date of Injury: 2023-02-02
ICD Code
Describe Injury: INJ R BICEP WHILE TRYING TO STOP STUDENT THAT WAS RUNNING

Working: YES
Occupation: VICE PRINCIPAL
Date of Birth: 1976-10-03
Gender: MALE
Home Phone: (908)552-5602
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 BRIAR CIRCLE
Address 2:
City: GREENBROOK
State: NJ
Zip: 08812
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED

Phone Number: (908)731-4323
Contact:
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? 8 AM-4 PM

Referring Doctor

First Name: STEVEN B.
Last Name: SHAMASH, DO
Practice Name: GARDEN STATE ORTHOPAEDICS ASSOCIATES
Phone Number: 201-791-4434
Email Address:
Fax: 201-791-9377
Address 1: 28-04 BROADWAY
Address 2:
City: FAIRLAWN
State: NJ
Zip: 07410
Did patient have surgery? YES
Surgery Date: 2023-02-23
DX: RUPTURE OF RIGHT DISTAL BICEP TENDON
Body Parts: RIGHT BICEP
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU