

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: SALVATORE
Last Name: RENNA
Claim Number: GSCR085787
Date of Injury: 2023-10-28
ICD Code
Describe Injury: RIGHT SHOULDER, RIGHT ELBOW
Working: YES
Occupation: POLICE
Date of Birth: 1991-05-07
Gender: MALE
Home Phone: (908)494-0265
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 43 BAIRD RD.
Address 2:
City: MILLSTONE
State: NJ
Zip: 08535
Preferred Language:

Employee

Company: CITY OF RAHWAY/ POLICE
Phone Number: (732)827-2096

Contact: MOLLY ORTIZ
Address 1: 1 CITY PLAZA
Address 2:
City: RAHWAY
State: NJ
Zip: 07065
PT - Schedule during work hours? NO
What hours does patient work? 8PM-6 AM

Referring Doctor

First Name: STACEY
Last Name: GALLACHER, MD
Practice Name: ADVANCED ORTHO FREEHOLD
Phone Number: 732-341-6226
Email Address:
Fax:
Address 1: 301 PROFESSIONAL VIEW DRIVE
Address 2:
City: FREEHOLD
State: NJ
Zip: 07728
Did patient have surgery? NO
Surgery Date:
DX: RIGHT ELBOW BICEPS RUPTURE, RIGHT SHOULDER ROTATOR CUFT
Body Parts: RIGHT ELBOW, RIGHT SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: THERE ARE TWO MRI SCRIPTS I AM NOT SURE IF THEY BOTH UPLOADED SO I WILL BE EMAILING THEM TO YOU JUST INCASE.

FOR FURTHER QUESTIONS OR CORRESPONDENCE PLEASE CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU