

# 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:** PT  
**First Name:** DEJON  
**Last Name:** SCOTT  
**Claim Number:** IWC086802  
**Date of Injury:** 2024-03-31  
**ICD Code**  
**Describe Injury:** CONTUSION OF LEFT KNEE

**Working:** YES  
**Occupation:** POLICE  
**Date of Birth:** 1992-10-08  
**Gender:** MALE  
**Home Phone:** (862)231-8866  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 35 GROVE PLACE  
**Address 2:**  
**City:** EAST ORANGE  
**State:** NJ  
**Zip:** 07017  
**Preferred Language:**

## Employee

**Company:** IRVINGTON POLICE DEPARTMENT  
**Phone Number:** 973-399-6600

**Contact:****Address 1:** 1 CIVIC SQUARE**Address 2:****City:** IRVINGTON**State:** NJ**Zip:** 07111**PT - Schedule during work hours?** NO**What hours does patient work?** 5PM-3 AM, WED-SAT

## Referring Doctor

**First Name:** ERIK C.**Last Name:** ZACKWIEJA, MD**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?** NO**Surgery Date:****DX:** CONTUSION OF LEFT KNEE**Body Parts:** LEFT KNEE**# of Auth visits:** 9**Freq/Duration:** 3X A WEEK FOR 3 WEEKS**Script:** YES**Follow-up MD:**

## Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU