

Referral

Submitter

Company Name: DH ALTERNATIVE RISK SOLUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 9739401851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT, MRI
First Name: TOWANDA
Last Name: SIMMONS
Claim Number: IWC085308
Date of Injury: 2023-09-21
ICD Code
Describe Injury: PT FOR: BACK, NECK, LEFT SHOULDER, LEFT ELBOW AND LEFT WRIST. MRI FOR: LEFT SHOULDER, LEFT WRIST, LEFT ELBOW.
Working: YES
Occupation: COMMUNITY SERVICE OFFICER FOR IRVINGTON PD
Date of Birth: 1973-06-21
Gender: FEMALE
Home Phone: 973-920-5207
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 36 HAWTHORNE LANE SOUTH
Address 2:
City: NEWARK
State: NJ
Zip: 07107
Preferred Language:

Employee

Company: TOWNSHIP OF IRVINGTON

Phone Number: 973-399-6603
Contact:
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? YES
What hours does patient work? 7AM - 230PM

Referring Doctor

First Name: ROMAN
Last Name: ISAAC. MD
Practice Name: HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE
Phone Number: 201-308-6622
Email Address:
Fax: 201-308-6623
Address 1: 235-239 MCWHORTER ST
Address 2:
City: NEWARK
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: PT FOR: BACK, NECK, LEFT SHOULDER, LEFT ELBOW AND LEFT WRIST
of Auth visits: 12-18
Freq/Duration: 2-3 TIMES PER WEEK FOR 6 WEEKS
Script: YES
Follow-up MD: 2023-10-16

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
CSHELL@RISKSOLUTIONS.COM

THANK YOU.

PT FOR: BACK, NECK, LEFT SHOULDER, LEFT ELBOW AND
LEFT WRIST.

MRI FOR: LEFT SHOULDER, LEFT WRIST, LEFT ELBOW.