

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: CAROLINA
Last Name: SHELL
Main Phone: 9739401851
Ext.: 239
Fax: 9739401852
Email Address CSHELL@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: JEANETTE
Last Name: JORDAN-GAFFNEY
Claim Number: PLB072818
Date of Injury: 2020-09-09
ICD Code
Describe Injury: AINJ LEFT ANKLE WHILE WALKING DOWN THE STAIRWELL AND
FELL
Working: NO
Occupation:
Date of Birth: 1973-07-16
Gender: FEMALE
Home Phone: (908)769-7485
Cell Phone: (908)731-4326
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 607 HUNTINGTON AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language: ENGLISH

Employee

Company: PLAINFIELD BOARD OF EDUCATION

Phone Number: 908-731-4325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? MONDAY THRU FRIDAY 8 AM TO 3 PM

Referring Doctor

First Name: SETH
Last Name: QUELER
Practice Name: MD
Phone Number: 2014750019
Email Address:
Fax:
Address 1: 28-04 BROADWAY
Address 2:
City: FAR LAWN
State: NJ
Zip: 07410
Did patient have surgery? YES
Surgery Date: 2023-01-03
DX: LEFT ANKLE ARTHROSCOPY
Body Parts: LEFT ANKLE
of Auth visits: 3
Freq/Duration: 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOLLOW UP VISIT TO BE SCHEDULED. SHE NEEDS TO BE SEEN EVERY TWO WEEKS. SHE IS OOW SHE CANNOT MISS ANY VSIT.