

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: LUCIA
Last Name: WINTER
Main Phone: 19739401851
Ext.:
Fax: 9739401852
Email Address LWINTER@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: CHRISTOPHER
Last Name: KUPCHAK
Claim Number: PJWC087874
Date of Injury: 2024-05-07
ICD Code S90.31XA S94.21XA
Describe Injury: WHILE CUTTING DOWN A TREE AND CARRYING A HEAVY LOG TO PUT INTO TRUCK, THE LOG SLIPPED OUT OF IW'S HANDS AND LANDED ON TOP OF HIS RIGHT FOOT ABOVE THE STEEL TOE BOOT.

Working: YES
Occupation: DPW LABORER
Date of Birth: 1986-09-09
Gender: MALE
Home Phone: (908)217-3055
Cell Phone: (908)456-4106
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 321 EAST 4TH AVENUE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language: ENGLISH

Employee

Company: BOROUGH OF ROSELLE
Phone Number: (908) 241-2014
Contact: SHATERA SMITH
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours?
What hours does patient work? 5:30AM - 2PM

Referring Doctor

First Name: ERIC
Last Name: BEIGHTS
Practice Name: SEAVIEW ORTHOPEDIC
Phone Number: 732-660-6200
Email Address:
Fax: 732-677-1054
Address 1: 222 SCHANCK ROAD
Address 2:
City: FREEHOLD
State: NJ
Zip: 07728
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF RIGHT FOOT; RIGHT DEEP PERONEAL NERVE AT ANKLE
Body Parts: RIGHT FOOT/ANKLE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-05-28

Special Instructions

Special Instructions: PLEASE GIVE CD TO PATIENT. KINDLY SCHEDULE DURING WORK HOURS UNLESS THE IW IS WILLING TO GO AFTER WORK AND UNDERSTANDS IT IS NOT CONSIDERED OVERTIME.