

# 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, MRI  
**First Name:** EMMA  
**Last Name:** ANDERSON  
**Claim Number:** PLB088746  
**Date of Injury:** 2024-07-10  
**ICD Code**  
**Describe Injury:** INJ L KNEE AND LEG WHILE GOING UPSTAIRS, EE SLIPPED & FELL  
  
**Working:** YES  
**Occupation:** TEACHER  
**Date of Birth:** 1959-10-29  
**Gender:** FEMALE  
**Home Phone:** (201)247-0817  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 12 WADSWORTH TERR  
**Address 2:**  
**City:** CRANFORD  
**State:** NJ  
**Zip:** 07016  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF ED

**Phone Number:** (908)731-4323  
**Contact:**  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:**  
**PT - Schedule during work hours?**  
**What hours does patient work?**

## Referring Doctor

**First Name:** ANTHONY  
**Last Name:** TARASENKO, MD  
**Practice Name:** CONCENTRA MEDICAL CENTER  
**Phone Number:** 908-757-1424  
**Email Address:**  
**Fax:** 908-757-5678  
**Address 1:** 116 CORPORATE BLVD  
**Address 2:** STE E  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** STRAIN OF UNSP MUSC/TEND AT LOWER LEG LEVEL, LEFT LEG, IN  
**Body Parts:** LEFT LEG  
**# of Auth visits:** 6  
**Freq/Duration:** 3X A WEEK/ 2 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** \*\*\*THE INJURED WORKER WILL BE OUT OF THE COUNTRY  
FROM AUGUST 1-AUGUST 21

FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE  
CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU