

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: OT
First Name: PAUL
Last Name: NOEL
Claim Number: [IWC086968
Date of Injury: 2024-02-14
ICD Code W54.0XX
Describe Injury: DOG BITE

Working: YES
Occupation: POLICE
Date of Birth: 1982-09-06
Gender: MALE
Home Phone: (973)609-2527
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1255 MAGIE AVE.
Address 2: APT.325
City: UNION
State: NJ
Zip: 07083
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?** YES**What hours does patient work?** 4:45PM-4:00AM, 4 ON 4 OFF

Referring Doctor

First Name: ASHLEY**Last Name:** IGNATIUK, MD**Practice Name:** RUTGERS NJ MEDICAL SCHOOL DEPT OF PLASTIC SURGERY**Phone Number:** 973-972-1129**Email Address:****Fax:** 973-972-0006**Address 1:** 90 BERGEN ST**Address 2:** SUITE 7200**City:** NEWARK**State:** NJ**Zip:** 07103**Did patient have surgery?** NO**Surgery Date:****DX:** DOG BITE**Body Parts:** RIGHT THUMB**# of Auth visits:****Freq/Duration:** 3X A WEEK FOR 3 MONTHS**Script:** YES**Follow-up MD:** 2024-04-05

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU