

Hackensack  
Meridian *Health*

## FAX

**To: D&H Alternated Risk Solutions**

Company:

Fax: 9739401852

Phone:

City/State:

**From: Rhea N. O'Connor, PT**

Fax: 732-361-9371

Phone:

**Number of pages including cover: 2**

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**NOTES:** To whom it may concern,

Requesting for INITIAL PHYSICAL THERAPY AUTHORIZATION as per attached PT Prescription dated 3/22/2023 to be completed at Hackensack Meridian Occupational Health Physical Therapy - Neptune, Phone #: 732- 776-4251

Fax#: 732-776-4210

For: Doremus, Franklin L, 3rd

Claim#: GSNP083189

Thank you.

Meridian Occupation Health  
***PT / OT Prescription***

Hackensack Meridian Team Health Neptune PC

(732) 776-4251

Fax Number: (732) 776-4210

Patient: Franklin L. Doremus

DOB: 09/13/1995

Address: 107 Fairview Avenue

Neptune

NJ

07753

Employer: Neptune Township

Referral Date: 03/22/2023 Date of Injury: 03/15/2023

**Essential job function:**

\_\_\_\_ Patient Handling, ☒ Lifting \_\_\_\_ lbs. ☒ Carry /Pull, ☒ Bending, Stooping

Other: \_\_\_\_\_

Diagnosis: 1. Sprain of ligaments of lumbar spine, subsequent encounter (S33.5XXD).  
2. Strain of muscle and tendon of back wall of thorax, initial encounter (S29.012A).

**Prescription Detail**

1. Therapist to evaluate and treat with goal to: Decrease pain

2. Specific Request:

<input checked="" type="checkbox"/> Therapeutic exercise	<input type="checkbox"/> Whirlpool
<input checked="" type="checkbox"/> Cryotherapy	<input type="checkbox"/> Contrast Bsths
<input checked="" type="checkbox"/> Heat Treatment	<input checked="" type="checkbox"/> Home Exercise Program
<input checked="" type="checkbox"/> Ultrasound	<input type="checkbox"/> Review job specific Body Mechanics
<input type="checkbox"/> Phonophoresis	<input type="checkbox"/> Iontophoresis
<input type="checkbox"/> Balance Gait Training	<input type="checkbox"/> Traction to _____
<input type="checkbox"/> Other: _____	

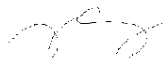
3. Frequency of session's 3 times per week, 2 weeks; **number of sessions:** 6

4. Precautions: \_\_\_\_\_

5. Next MD evaluation: 7-10 days

Prescribing Physician: Krystal Casayuran-Wright, APN-C

Signature:



3/27/2023 2:18:22 AM

● Physical Therapy please forward PT progress reports to the referring Occupational Health site prior to the next MD evaluation. Please contact our office if there are any missed appointments at the end o the business day it occurred.