

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: SHALENE
Last Name: BOLAN
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: GREGORY
Last Name: CRUZ
Claim Number: PJWC084610
Date of Injury: 2023-07-23
ICD Code S16.1XXA, S39.012A, S29.012A
Describe Injury: INJ BACK & NECK WHILE PATROLLING A VEHICLE STRUCK HIM FROM BEHIND

Working: YES
Occupation: POLICE
Date of Birth: 1998-06-18
Gender: MALE
Home Phone: (732)442-0008
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 309 DORSEY STREET
Address 2:
City: PERTH AMBOY
State: NEW JERSEY
Zip: 08861
Preferred Language: ENGLISH

Employee

Company: CITY OF PERTH AMBOY POLICE DEPARTMENT

Phone Number: (732) 771-2508
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 5PM - 3AM

Referring Doctor

First Name: SHANTHI
Last Name: REDDY, MD
Practice Name: CONCENTRA MEDICAL CENTERS
Phone Number: 732-248-0088
Email Address:
Fax: 732-248-4408
Address 1: 16 ETHEL ROAD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX: STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, STRAIN
Body Parts: NECK, LOWER BACK
of Auth visits: 6
Freq/Duration: 3X PER WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-07-27

Special Instructions

Special Instructions: GOOD ORNING,

PLEASE SCHEDULE PATIENT FOR JAG ONE IN
WOODBIDGE.

FOR ANY FURTHER QUESTIONS OR CORRESPONDENCE,
PLEASE E-MAIL KRISTIN WILKINSON AT
KWILKINSON@RISKSOLUTIONS.COM.

THANK YOU,

SHALENE BOLAN