

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** JESSICA  
**Last Name:** LEMASSON  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 9739401852  
**Email Address** JLEMASSON@RISKSOLUTIONS.COM

## Claimant

**Request:** MRI  
**First Name:** ANDRE  
**Last Name:** CRAWFORD  
**Claim Number:** PLB085104  
**Date of Injury:** 2023-09-06  
**ICD Code**  
**Describe Injury:** LEFT SHOULDER  
**Working:** YES  
**Occupation:** RESIDENCY OFFICER  
**Date of Birth:** 1964-06-19  
**Gender:** MALE  
**Home Phone:** (908)672-3170  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 19 MELROSE AVE.  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION  
**Phone Number:** 908-732-4323

**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** VARIES

## Referring Doctor

**First Name:** JEFREY M  
**Last Name:** WARSHAUER, DO  
**Practice Name:** INFINITY ORTHOPEDICS, L.L.C.  
**Phone Number:** 908-364-7801  
**Email Address:**  
**Fax:** 908-222-2757  
**Address 1:** 1450 RT 22 WEST  
**Address 2:** STE 200  
**City:** MOUNTAINSIDE  
**State:** NJ  
**Zip:** 07092  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** UNSPECIFIED SPRAIN OF LEFT SHOULDER  
**Body Parts:** LEFT SHOULDER  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-10-23

## Special Instructions

**Special Instructions:** FOR FURTHER QUESTIONS OR CORRENSENDENCE,  
PLEASE CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU