

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOULUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: CESAR
Last Name: TORRES
Claim Number: MT081591
Date of Injury: 2022-10-12
ICD Code
Describe Injury: LUMBAR
Working: YES
Occupation: SEWER ATTENDENT
Date of Birth: 1969-09-11
Gender: MALE
Home Phone: 201-312-1315
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 43 MARTIN LUTHER KING AVE
Address 2: APT# 43C
City: MORRISTOWN
State: NJ
Zip: 07960
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN
Phone Number: 973-292-6627

Contact: CATILIN CASTILLO
Address 1: 200 SOUTH ST
Address 2: PO BOX 914
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? YES
What hours does patient work? 4AM -12PM & 5AM - 1PM

Referring Doctor

First Name: RICHARD S.
Last Name: NACHWALTER MD
Practice Name: ATLANTIC SPINE SPECIALISTS
Phone Number: 973-971-3500
Email Address: ATLANTICSPINESPECIALISTS.COM
Fax: 973-683-0016
Address 1: 131 MADISON AVE
Address 2: SUITE 110
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2022-11-07

Special Instructions

Special Instructions: ANY QUESTIONS OR FURTHER CORRESPONDENCE PLEASE
CONTACT LUCIA WINTER AT:
LWINTER@RISKSOLUTIONS.COM

THANK YOU