

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: PT, MRI
First Name: ANNA MARIE
Last Name: SANABRIA
Claim Number: PVS085240
Date of Injury: 2023-09-13
ICD Code
Describe Injury: INJ MULT BODY PARTS PUDDLE OF WATER ON GROUND
CAUSED EE SLIPPED & FALL

Working: YES
Occupation: ADMINISTRATIVE ASISTANT
Date of Birth: 1959-04-18
Gender: FEMALE
Home Phone: (973)223-1838
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 187 HECKEL STREET
Address 2:
City: BELLEVILLE
State: NJ
Zip: 07109
Preferred Language: ENGLISH

Employee

Company:

Phone Number:
Contact:
Address 1:
Address 2:
City:
State:
Zip:
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: ROBERT
Last Name: MUTILLO, MD
Practice Name: IRONBOUND MEDICAL SERVICES
Phone Number: (973)878-3990
Email Address:
Fax: (973)878-3991
Address 1: 221 CHESTNUT STREET
Address 2:
City: NEWARK
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN AND CONTUSIONS TO LEFT SHOULDER, LEFT WRIST, LEFT
Body Parts: LEFT SHOULDER, LEFT WRIST, LEFT HIP, LEFT KNEE AND LEFT AN
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-09-22

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU,

JESSICA