

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, MRI
First Name: DONNIE
Last Name: TURNER
Claim Number: PJWC078343
Date of Injury: 2022-01-12
ICD Code S39.012 & M45.16
Describe Injury: MRI: LUMBAR W/O CONTRAST & LUMBAR STRAIN AND LUMBAR RADIC

Working: YES
Occupation: LABORER
Date of Birth: 1963-12-30
Gender: MALE
Home Phone: 732-430-0560
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 9 TULIP DRIVE
Address 2: APT 1K
City: FORDS
State: NJ
Zip: 08863
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE

Phone Number: 908-259-3024
Contact: GLORI ANN GUELL
Address 1: 210 CHESNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 6AM -2PM

Referring Doctor

First Name: CHARLES A.
Last Name: GATTO, MD
Practice Name: ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: 160 E. HANOVER AVE
Address 2: SUITE 201
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? YES
Surgery Date: 2022-09-21
DX: S/P L4 TO S1 LAMINECTOMY DECOMPRESSION WITH NEUROLYSIS
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2022-11-21

Special Instructions

Special Instructions: ANY QUESTIONS OR FURHTER CORRESPONDENCE PLEASE
CONTACT DFORGIONE@RISKSOLUTUIONS.COM

THANK YOU