

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** JESSICA  
**Last Name:** LEMASSON  
**Main Phone:** 973-940-1851  
**Ext.:** 286  
**Fax:** 973-940-1852  
**Email Address** JLEMASSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** CHRISTOPHER  
**Last Name:** MALLOY  
**Claim Number:** [IWC086824  
**Date of Injury:**  
**ICD Code**  
**Describe Injury:** LUMBAR STRAIN, SPRAIN OF RIGHT KNEE  
**Working:** YES  
**Occupation:** LABORER  
**Date of Birth:** 1988-11-10  
**Gender:** MALE  
**Home Phone:** (973)878-7423  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 37 ELM PLACE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**Preferred Language:**

## Employee

**Company:** TOWNSHIP OF IRVINGTON  
**Phone Number:** 973-399-6707

**Contact:****Address 1:** 1 CIVIC SQUARE**Address 2:** ROOM 203**City:** IRVINGTON**State:** NJ**Zip:** 07111**PT - Schedule during work hours?** YES**What hours does patient work?** 7:30 AM-4:00 PM M-F

## Referring Doctor

**First Name:** JEFFREY R**Last Name:** LEE, PA-C**Practice Name:** GARDEN STATE ORTHOPAEDICS ASSOCIATES - FAIRLAWN**Phone Number:** 201-791-4434**Email Address:****Fax:** 201-791-9377**Address 1:** 28-04 BROADWAY**Address 2:****City:** FAIRLAWN**State:** NJ**Zip:** 07410**Did patient have surgery?** NO**Surgery Date:****DX:** LUMBAR STRAIN, SPRAIN OF RIGHT KNEE**Body Parts:** LUMBAR, RIGHT KNEE**# of Auth visits:****Freq/Duration:****Script:** YES**Follow-up MD:**

## Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU