

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: MRI
First Name: NELSON
Last Name: LONG
Claim Number: PVS085057
Date of Injury: 2023-08-30
ICD Code
Describe Injury: LEFT SHOULDER

Working: YES
Occupation: LWA OPERATOR
Date of Birth: 1981-11-21
Gender: MALE
Home Phone: (860)707-7926
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 616 HUNTERTDEN STREET
Address 2:
City: NEWARK
State: NJ
Zip: 07108
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWAGE AUTHORITY
Phone Number: 973-817-5695

Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVE
Address 2:
City: NEWARK
State: NJ
Zip: 07105

PT - Schedule during work hours?

What hours does patient work? WED & THURS 11AM ? 7PM AND SAT & SUN 6PM

Referring Doctor

First Name: DOUGLAS S.
Last Name: HOLDEN
Practice Name: GSOA - HOBOKEN
Phone Number: 201-876-5300
Email Address:
Fax: 201-876-5305
Address 1: 33-41 NEWARK ST
Address 2:
City: HOBOKEN
State: NJ
Zip: 07030

Did patient have surgery?

Surgery Date:

DX: SHOULDER, LEFT W/O CONTRAST

Body Parts:

of Auth visits:

Freq/Duration:

Script: YES

Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
CSHELL@RISKSOLUTIONS.COM

THANK YOU