

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: ANTONIO
Last Name: GARY
Claim Number: IWC080552
Date of Injury: 2022-07-13
ICD Code S83.232A
Describe Injury: MRI KNEE LEFT W/O CONTRAST

Working: YES
Occupation: FIRE CHIEF
Date of Birth:
Gender: MALE
Home Phone: 973-699-1311
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 PLEASANT WAY
Address 2:
City: MONTCLAIR
State: NJ
Zip: 07042
Preferred Language:

Employee

Company: TOWNSHIP OF IRVINGTON - FIRE DIVISON
Phone Number: 973-416-5677

Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? NO SET HOURS

Referring Doctor

First Name: YAIR
Last Name: KISSIN, MD
Practice Name: HUMG ORTHOPAEDIC SURGERY
Phone Number: 551-996-8867
Email Address:
Fax: 551-996-8873
Address 1: 360 ESSEX STREET
Address 2: SUITE 203
City: HACKENSACK
State: NJ
Zip: 07601
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-05-17

Special Instructions

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

THANK YOU