

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: DOMINIQUE
Last Name: FORGIONE
Main Phone: 973-940-1851
Ext.: 235
Fax: 973-940-1852
Email Address DFORGIONE@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: DESIREE
Last Name: KONOPKA
Claim Number: PJWC082469
Date of Injury: 2023-01-09
ICD Code
Describe Injury: RIGHT KNEE INTERNAL DERANGEMENT
Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1995-12-29
Gender: FEMALE
Home Phone: (732)881-0271
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 680 AMBOY AVENUE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 732-826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: DR. MATTHEW J.
Last Name: GARFINKEL, MD
Practice Name: EDISON METUCHEN ORTHOPAEDIC GROUP
Phone Number: 732-494-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE ROAD
Address 2: SUITE 500, 5TH FLOOR
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: RIGHT KNEE
of Auth visits: 1
Freq/Duration:
Script: YES
Follow-up MD: 2023-02-07

Special Instructions

Special Instructions: