

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, MRI
First Name: RICHARD
Last Name: NOVO
Claim Number: PJWC086272
Date of Injury: 2023-12-11
ICD Code
Describe Injury: PAIN IN RIGHT SHOULDER
Working: NO
Occupation: PAID FIREFIGHTER
Date of Birth: 1993-05-12
Gender: MALE
Home Phone: (732)881-8887
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 80 GORDON STREET
Address 2: APT 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? NO
What hours does patient work? N/A

Referring Doctor

First Name: 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
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? NO
Surgery Date:
DX: UNSPECIFIED ROTATOR CUFF TEAR, ANTERIOR DISLOCATION
Body Parts: RIGHT SHOULDER
of Auth visits: 12
Freq/Duration: 3X A WEEK/ 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU