

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** LUCIA  
**Last Name:** WINTER  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 9739401852  
**Email Address** LWINTER@RISKSOLUTIONS.COM

## Claimant

**Request:** PT, MRI  
**First Name:** HANI  
**Last Name:** TAWFIK  
**Claim Number:** PJWC087864  
**Date of Injury:** 2024-04-25  
**ICD Code** S83.241A  
**Describe Injury:** WHILE RESPONDING TO A PRIORITY ONE CALL, IW INJURED HIS RIGHT KNEE WHEN ANOTHER POLICE VEHICLE TURNED IN FRONT OF IW'S VEHICLE CAUSING HIM TO SWERVE AND HIT A TELEPHONE POLE.

**Working:** YES  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1992-06-28  
**Gender:** MALE  
**Home Phone:**  
**Cell Phone:** (732)684-1522  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 20 SOUTH MAPLEWOOD AVE  
**Address 2:**  
**City:** KEASBEY  
**State:** NJ  
**Zip:** 08832  
**Preferred Language:** ENGLISH

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** 732-324-3874  
**Contact:**  
**Address 1:** 365 NEW BRUNSWICK AVE.  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 7AM ? 5PM

## Referring Doctor

**First Name:** CHRISTOPHER  
**Last Name:** SPAGNUOLA  
**Practice Name:** SEAVIEW ORTHOPEDIC  
**Phone Number:** 732-660-6200  
**Email Address:**  
**Fax:** 732-677-1054  
**Address 1:** 222 SCHANCK ROAD  
**Address 2:**  
**City:** FREEHOLD  
**State:** NJ  
**Zip:** 07728  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** S83.241A  
**Body Parts:** RIGHT KNEE  
**# of Auth visits:** 12  
**Freq/Duration:** 3X/4 WKS  
**Script:** YES  
**Follow-up MD:** 2024-06-05

## Special Instructions

**Special Instructions:** PLEASE GIVE MRI CD TO PATIENT. ALSO, IF IW IS WILLING TO GO TO PT AFTER WORK HOURS AND UNDERSTANDS THAT HE IS NOT GOING TO GET O/T IT IS OKAY THEN TO SCHED PT.