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: MRI
First Name: ROBERT
Last Name: VINALES
Claim Number: PVS087160
Date of Injury: 2024-02-28
ICD Code
Describe Injury: LOWER BACK PAIN

Working: YES
Occupation: SEWER WORKER
Date of Birth: 1978-05-02
Gender: MALE
Home Phone: (973)745-8929
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 5 JERICO DRIVE
Address 2:
City: WALLINGTON
State: NJ
Zip: 07057
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE COMMISSION
Phone Number: 973-344-1800

Contact:
Address 1: 600 WILSON AVE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours? YES
What hours does patient work? 7:00 AM-3:30 PM, M-F

Referring Doctor

First Name: CAMILLE M
Last Name: RIGOGLIOSO, MD
Practice Name: IRONBOUND MEDICAL SERVICES
Phone Number: 973-878-3990
Email Address:
Fax: 973-878-3991
Address 1: 221 CHESTNUT STREET
Address 2:
City: NEWARK
State NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: LOWER BACK PAIN
Body Parts: LOWER BACK
# of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU