

# 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:** JASON  
**Last Name:** GREER  
**Claim Number:** PLB086628  
**Date of Injury:** 2024-01-11  
**ICD Code**  
**Describe Injury:** INJ HEAD WHILE REMOVING A HORIZONTAL POLE, WAS HIT BY THE PIPE  
  
**Working:** YES  
**Occupation:** CUSTODIAN  
**Date of Birth:** 1963-07-16  
**Gender:** MALE  
**Home Phone:** (908)377-9800  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 15103 DIAMOND COURT  
**Address 2:**  
**City:** WATCHUNG  
**State:** NJ  
**Zip:** 07069  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF ED

**Phone Number:** (908)731-4323  
**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 7:30AM-4:30PM, M-F

## Referring Doctor

**First Name:** DAVID  
**Last Name:** EPSTEIN, MD  
**Practice Name:** TRI COUNTY ORTHOPEDICS  
**Phone Number:** 973-538-2334  
**Email Address:**  
**Fax:** 973-538-4081  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:** SUITE 300  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?**  
**Surgery Date:** 2024-07-17  
**DX:** CERV EPIDUTRAL STEROID INJECTION  
**Body Parts:** RIGHT SHOULDER  
**# 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