

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOULUTIONS  
**First Name:** KRISTIN  
**Last Name:** WILKINSON  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** KWILKINSON@RISKSOLUTIONS.COM

## Claimant

**Request:** EMG  
**First Name:** JAMES  
**Last Name:** DEANNI  
**Claim Number:** TEA042771  
**Date of Injury:** 2013-06-24  
**ICD Code** M54.2 & M54.12  
**Describe Injury:** BILATERAL SHOULDERS

**Working:** NO  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1963-09-26  
**Gender:** MALE  
**Home Phone:** 609-752-1949  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**

**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 208 AIMEE'S WAY  
**Address 2:**  
**City:** NEW EGYPT  
**State:** NJ  
**Zip:** 08533  
**Preferred Language:**

## Employee

**Company:** TEANECK MUNICIPAL  
**Phone Number:** 201-837-1600

**Contact:** DEAN KAZINCI  
**Address 1:** 818 TEANECK ROAD  
**Address 2:**  
**City:** TEANECK  
**State:** NJ  
**Zip:** 07666  
**PT - Schedule during work hours?**  
**What hours does patient work?** RETIRED

## Referring Doctor

**First Name:** CHARLES A.  
**Last Name:** GATTO, MD  
**Practice Name:** ADVANCED SPINE CENTER  
**Phone Number:** 973-538-0900  
**Email Address:**  
**Fax:** 973-538-0909  
**Address 1:** 160 E. HANOVER AVE  
**Address 2:** SUITE 201  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** NO  
**Surgery Date:** 2013-12-30  
**DX:**  
**Body Parts:**  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-01-27

## Special Instructions

**Special Instructions:** ANY QUESTIONS OR FURTHER CORRESPONDENCE PLEASE  
CONTACT LWINTER@RISKSOLUTIONS.COM

THANK YOU.

**\*\*PLEASE SCHEDULE EMG APPOINTMENT CLOSE TO  
INJURED WORKERS HOUSE\*\***