

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: PT
First Name: HANI
Last Name: TAWIK
Claim Number: PJWC083550
Date of Injury: 2023-04-07
ICD Code S83.241A
Describe Injury: RIGHT KNEE

Working:
Occupation:
Date of Birth: 1982-06-28
Gender: MALE
Home Phone: (732)684-1522
Cell Phone:
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:

Employee

Company: CITY OF PERTH AMBOY -PD
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? YES
What hours does patient work? TUES ? FRI 7AM - 5PM

Referring Doctor

First Name: CHRISTOPHER
Last Name: SPAGNUOLA, MD
Practice Name: SEAVIEW ORTHOPEDIC
Phone Number: 732-660-6200
Email Address:
Fax: 732-660-6201
Address 1: 1200 EAGLE AVE
Address 2: SUITE 100
City: OCEAN
State: NJ
Zip: 07712
Did patient have surgery? YES
Surgery Date: 2023-06-01
DX: RIGHT KNEE DIAGNOSTIC & OPERATIVE ARTHROSCOPY
Body Parts: RIGHT KNEE
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
KWILKINSON@RISKSOLUTIONS.COM

THANK YOU