

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: DOMINIQUE
Last Name: FORGIONE
Main Phone: 973-940-1851
Ext.: 235
Fax: 973-940-1852
Email Address DFORGIONE@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: MAGALIZ
Last Name: GONZALEZ
Claim Number: PJWC077642
Date of Injury: 2021-11-16
ICD Code
Describe Injury: LEFT SHOULDER TORN ANTERIOR LABRUM
Working: YES
Occupation: OFFICE CLERK
Date of Birth: 1962-01-25
Gender: FEMALE
Home Phone: (732)829-0405
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 5302 BRISTOL STATION CT
Address 2:
City: CARTERET
State: NJ
Zip: 07008
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
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? 8AM-4PM

Referring Doctor

First Name: DR. MATTHEW J.
Last Name: GARFINKEL, MD
Practice Name: EDISON METUCHEN ORTHOPAEDIC GROUP
Phone Number: 732-494-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE ROAD
Address 2: SUITE 500, 5TH FLOOR
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? YES
Surgery Date: 2022-03-14
DX:
Body Parts: LEFT SHOULDER
of Auth visits: 12
Freq/Duration: 3 TIMES A WEEK FOR 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: PLEASE SCHEDULE AT A FACILITY CLOSE TO HER HOME,
HOWEVER PLEASE DO NOT USE SPORTCARE IN
WOODBIDGE. PLEASE SCHEDULE THE APPOINTMENT FOR
4PM OR LATER.