

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** SHALENE  
**Last Name:** BOLAN  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** SBOLAN@RISKSOLUTIONS.COM

## Claimant

**Request:** MRI  
**First Name:** VANESSA  
**Last Name:** WILSON  
**Claim Number:** PLB084289  
**Date of Injury:** 2023-06-22  
**ICD Code** S93.402A  
**Describe Injury:** HIT HEAD & ALL OF L SIDE, TRIPPED OUT OF ELEVATOR  
**Working:** YES  
**Occupation:** CUSTODIAN  
**Date of Birth:** 1961-09-01  
**Gender:** FEMALE  
**Home Phone:** (908)338-8111  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 33 WESTERVELT AVE.  
**Address 2:** APT 514  
**City:** PLAINFIELD  
**State:** NEW JERSEY  
**Zip:** 07060  
**Preferred Language:** ENGLISH

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION  
**Phone Number:** 908-731-4323

**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07060  
**PT - Schedule during work hours?**  
**What hours does patient work?** M-F 6:30AM-3:30PM

## Referring Doctor

**First Name:** JEFFERY M.  
**Last Name:** WARSHAUER, DO  
**Practice Name:** INFINITY ORTHOPEDICS, LLC  
**Phone Number:** 908-364-7801  
**Email Address:**  
**Fax:** 908-222-2757  
**Address 1:** 1450 ROUTE 22 WEST  
**Address 2:** SUITE 200  
**City:** MOUNTAINSIDE  
**State:** NEW JERSEY  
**Zip:** 07092  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, FIRST ENCOUNTER  
**Body Parts:** LEFT ANKLE, LEFT KNEE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-08-31

## Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU,

SHALENE