Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS

First Name: SHALENE BOLAN

Main Phone: 973-940-1851

Ext.:

Fax: 973-940-1852

Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: PT

First Name: JOHNATHAN Last Name: TORRES Claim Number: 2023298792 Date of Injury: 2023-03-10

ICD Code M25.511, M54.2

Describe Injury: INJ L SHOULDER/HAND EE WAS INVOLVED IN A MVA

Working: YES

Occupation: POLICE OFFICER

Date of Birth: 1998-11-06

Gender: MALE

Home Phone: (973)856-0817

Cell Phone: Work Phone:

Ext.:

Alternate Phone:

Alt. Phone Description:

Email Address:

Address 1: 1610 COACH ST.

Address 2: APT. 4
City: RAHWAY
State: NEW JERSEY

Zip: 07765

Preferred Language: ENGLISH

Employee

Company: CITY OF RAHWAY **Phone Number:** 732-821-2096

Contact: MOLLY ORTIZ

Address 1: 1 CITY HALL PLAZA

Address 2:

City: RAHWAY

State: NJ **Zip:** 07065

PT - Schedule during work hours? YES

What hours does patient work? 4 ON 4 OFF, ALTERNATING, 2PM-12:30AM

Referring Doctor

First Name: DANIEL Last Name: RICHMOND

Practice Name: COMPREHENSIVE ORTHOPAEDICS MILLBURN

Phone Number: 973-258-1177

Email Address:

Fax: 973-258-1818

Address 1: 235 MILLBURN AVENUE

Address 2: SUITE 102
City: MILLBURN
State NEW JERSEY

Zip: 07041

Did patient have surgery? NO

Surgery Date:

DX: PAIN IN RIGHT SHOULDER, NECK

Body Parts: NECK, RIGHT SHOULDER

of Auth visits: 6

Freq/Duration: 3X A WEEK FOR 2 WEEKS

Script:

Follow-up MD: 2023-06-20

Special Instructions

Special Instructions: FOR ANY FURTHER QUESTIONS OR CORRESPONDENCE,

PLEASE CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

*THE ADDRESS ON THE REFERRAL IS INCORRECT.

THE CORRECT ADDRESS IS:

1610 COACH ST.

APT. 4

RAHWAY, NJ 07765