

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: JOSE
Last Name: RODRIGUEZ
Claim Number: PJWWC081556
Date of Injury: 2022-10-11
ICD Code 840.3 & S49.911A
Describe Injury: STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, II

Working: YES
Occupation: SANITATION
Date of Birth: 1983-04-22
Gender: MALE
Home Phone: 732-585-6355
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 305 HALL AVE
Address 2: APT 1
City: PERTH AMBOY
State: NJ
Zip: 08861
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? 5AM - 12 PM

Referring Doctor

First Name: SHANTHI
Last Name: REDDY MD
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 732-248-0088
Email Address:
Fax: 732-248-4408
Address 1: 16 ETHEL ROAD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX: 840.3 & S46.911A
Body Parts: RIGHT SHOULDER- UPPER ARM, RIGHT ARM, II
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

****PT SET UP IN PERTH AMBOY****