

# 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:** MRI  
**First Name:** SANDRO  
**Last Name:** PEREZ-JIMENEZ  
**Claim Number:** PJWC080185  
**Date of Injury:** 2022-06-13  
**ICD Code** M19.011/012 - MRI + METAL SUBTRACTION  
**Describe Injury:** RIGHT SHOULDER GLENOHUMERAL ARTHRITIS  
**Working:** NO  
**Occupation:** MAINTENANCE 1  
**Date of Birth:** 1971-10-14  
**Gender:** MALE  
**Home Phone:** 787-368-3107  
**Cell Phone:** 732-826-0290  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 496 MCKEAN STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:** SPANISH SPEAKING ONLY

## 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?**  
**What hours does patient work?**

## Referring Doctor

**First Name:** ANDREW A.  
**Last Name:** WILLIS,M.D  
**Practice Name:** TRI COUNTY ORTHOPEDICS  
**Phone Number:** 973-538-2334  
**Email Address:**  
**Fax:** 973-267-6882  
**Address 1:** 197 RIDGEDALE AVENUE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?** YES  
**Surgery Date:** 2023-03-16  
**DX:** RIGHT SHOULDER HEMIARTHROPLASTY  
**Body Parts:**  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

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

THNAK YOU.

MRI - NJIN OF CEDAR KNOLLS LOCATION