

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: GLENN
Last Name: NOLAN
Claim Number: PJWC086285
Date of Injury: 2023-12-12
ICD Code
Describe Injury: LUMBOSACRAL STRAIN, STRAIN LEFT KNEE
Working: YES
Occupation: LABORER
Date of Birth: 1965-05-24
Gender: MALE
Home Phone: (973)264-6961
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 412 E. 7TH AVENUE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE
Phone Number: (908)241-2014

Contact: KHEESHA WALLS
Address 1: 210 CHESTNUT ST
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 5AM ? 11AM (M-F)

Referring Doctor

First Name: GREGORY S
Last Name: GALLICK, MD
Practice Name:
Phone Number:
Email Address:
Fax:
Address 1: 2780 MORRIS AVE
Address 2: 2C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: LUMBOSACRAL STRAIN, STRAIN LEFT KNEE
Body Parts: BACK, LEFT KNEE
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2024-12-22

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU