

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, DME
First Name: ANTONIO
Last Name: CORTES III
Claim Number: PJWC08521
Date of Injury: 2023-09-13
ICD Code
Describe Injury: LEFT KNEE PAIN

Working: YES
Occupation: POLICE
Date of Birth: 1990-11-11
Gender: MALE
Home Phone: (908)419-8010
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 30 ALLISON ROAD
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? 8PM ? 630AM (4 ON - 4 OFF)

Referring Doctor

First Name: MATTHEW J
Last Name: GARFINKEL, M.D.
Practice Name: EDISON-METUCHEN ORTHOPAEDIC GROUP
Phone Number: 732-341-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE ROAD
Address 2: SUITE 500, 5TH FLOOR
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? NO
Surgery Date:
DX: LEFT KNEE PAIN
Body Parts: LEFT KNEE
of Auth visits: 12
Freq/Duration: 3X A WEEK FOR 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU