

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** CAROLINA  
**Last Name:** SHELL  
**Main Phone:** 9739401851  
**Ext.:** 239  
**Fax:** 9739401852  
**Email Address** CSHELL@RISKSOLUTIONS.COM

## Claimant

**Request:**  
**First Name:** DARREN  
**Last Name:** GINNOTTI  
**Claim Number:** PVS087383  
**Date of Injury:** 2024-03-20  
**ICD Code**  
**Describe Injury:** INJ R KNEE( ROLLED) WHEN HE STEPPED ON A PIECE OF  
BROKEN CONCRETE  
  
**Working:** YES  
**Occupation:** MAINTENANCE WKR  
**Date of Birth:** 1981-08-25  
**Gender:** MALE  
**Home Phone:** (862) 881-2902  
**Cell Phone:** (973)583-6090  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 18 HAVEN AVENUE  
**Address 2:**  
**City:** TOTOWA  
**State:** NJ  
**Zip:** 07512  
**Preferred Language:** ENGLISH

## Employee

**Company:** PASSAIC VALLEY SEWERAGE COMMISSION

**Phone Number:** (973) 817-5695  
**Contact:** CHRISTINE CATENARO  
**Address 1:** 600 WILSON AVENUE  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**PT - Schedule during work hours?**  
**What hours does patient work?**

## Referring Doctor

**First Name:** ROBERT  
**Last Name:** MUSTILLO  
**Practice Name:** IRONBOUND MEDICAL SERVICES  
**Phone Number:** 9738783990  
**Email Address:**  
**Fax:**  
**Address 1:** 221 CHESNUT STREET  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** KNEE SPRAIN  
**Body Parts:** RIGHT KNEE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-03-29

## Special Instructions

**Special Instructions:**