

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: GREGORY
Last Name: PEREZ
Claim Number: PJWC079563
Date of Injury: 2022-04-14
ICD Code S39.012A & M54.16
Describe Injury: LUMBAR

Working:
Occupation: POLICE OFFICER
Date of Birth: 1991-10-18
Gender: MALE
Home Phone: (732)430-5238
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 959 HUNT DRIVE
Address 2:
City: TOMS RIVER
State: NJ
Zip: 08753
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY -PD
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? VARIES

Referring Doctor

First Name: CHARLES A.
Last Name: GATTO, MD
Practice Name: ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: 160 E. HANOVER AVE, SUITE 201
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits: 3XS A WK FOR 4 WKS
Freq/Duration: 12
Script: YES
Follow-up MD:

Special Instructions

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