

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: SHALENE
Last Name: BOLAN
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: OT
First Name: EDWIN
Last Name: HERNANDEZ
Claim Number: PJWC075978
Date of Injury: 2021-07-11
ICD Code
Describe Injury: INJ R RING FINGER, WHILE ATTEMPTING TO HANDCUFF
COMBATIVE SUSPECT

Working: YES
Occupation: POLICE
Date of Birth: 1985-07-25
Gender: MALE
Home Phone: (732)882-8844
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 871 HARNED STREET
Address 2:
City: PERTH AMBOY
State: NEW JERSEY
Zip: 08861
Preferred Language: ENGLISH

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? 4 ON 4 OFF 5PM-3AM

Referring Doctor

First Name: ROMAN
Last Name: ISAAC, MD
Practice Name: HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE
Phone Number: 973-308-6622
Email Address:
Fax: 973-308-6623
Address 1: 2333 MORRIS AVENUE
Address 2: SUITE B-107
City: UNION
State: NEW JERSEY
Zip: 07083
Did patient have surgery? YES
Surgery Date: 2022-04-26
DX: RIGHT FOURTH DIGIT FLEXOR TENDON PULLEY RECONSTRUCTION
Body Parts: RIGHT HAND
of Auth visits:
Freq/Duration: 2-3 TIMES PER WEEK FOR SIX WEEKS
Script: YES
Follow-up MD: 2023-08-30

Special Instructions

Special Instructions: FOR ANY OTHER QUESTIONS OR CORRESPONDENCE,
PLEASE CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU,

SHALENE