

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: DOMINIQUE
Last Name: FORGIONE
Main Phone: 973-940-1851
Ext.: 235
Fax: 973-940-1852
Email Address DFORGIONE@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: WILLIAM
Last Name: POOLE
Claim Number: GSNP082863
Date of Injury: 2023-02-13
ICD Code M66.821
Describe Injury: CONFRIM RIGHT BICEPS TENDON RUPTURE
Working: NO
Occupation: CUSTODIAN
Date of Birth: 1968-10-08
Gender: MALE
Home Phone: (732) 774-4883
Cell Phone: (732)997-8323
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 503 RIDGE AVENUE
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
Preferred Language:

Employee

Company: NEPTUNE TOWNSHIP
Phone Number: 732-988-5200

Contact: STEPHANIE OPPEGAARD
Address 1: 25 NEPTUNE BOULEVARD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: KRYSTAL
Last Name: CASAYURAN-WRIST, APN-C
Practice Name: HACKENSACK MERIDIAN OCCUPATIONAL HEALTH
Phone Number: 732-776-4251
Email Address:
Fax: 732-776-4210
Address 1: 2441 HIGHWAY 33
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: RIGHT ARM
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: