

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: DIANA
Last Name: SAENZ-TORRES
Claim Number: PLB086732
Date of Injury: 2024-01-26
ICD Code
Describe Injury: INJ MULT BODY PARTS WHILE WALKING INTO THE CAFE,
SLIPPED & FELL

Working: YES
Occupation: TEACHER
Date of Birth: 1963-01-03
Gender: FEMALE
Home Phone: (908)230-0326
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 815 BERCKMAN STREET
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED

Phone Number: (908)731-4323
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 8:00A-3:05P. M-F

Referring Doctor

First Name: JEFFREY M
Last Name: WARSHAUER
Practice Name: INFINITY ORTHOPEDICS
Phone Number: 908-364-7801
Email Address:
Fax: 908-222-2757
Address 1: 1450 RT 22 WEST
Address 2: SUITE 200
City: MOUNTAINSIDE
State: NJ
Zip: 07092
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER; PAIN IN RIGHT
Body Parts: RIGHT KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU