

# 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, MRI  
**First Name:** JORGE  
**Last Name:** IRIZARRY II  
**Claim Number:** PJWC083998  
**Date of Injury:** 2023-05-27  
**ICD Code**  
**Describe Injury:** RIGHT KNEE INTERNAL DEARANGEMENT  
**Working:** YES  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1983-02-18  
**Gender:** MALE  
**Home Phone:** 732-841-6108  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 126 IRON ORE ROAD  
**Address 2:**  
**City:** MANALAPAN  
**State:** NJ  
**Zip:** 07726  
**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?** 7:30AM ? 5:30PM, 4 HOURS ON & 4 HOURS OFF

## Referring Doctor

**First Name:** MATTHEW  
**Last Name:** GARFINKEL MD  
**Practice Name:** EDISON-METUCHEN ORTHOPAEDIC GROUP  
**Phone Number:** 732-494-6226  
**Email Address:**  
**Fax:** 732-494-8762  
**Address 1:** 10 PARSONAGE ROAD  
**Address 2:** SUITE 500, 5TH FLOOR  
**City:** EDISON  
**State:** NJ  
**Zip:** 08837  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:** RIGHT KNEE  
**# of Auth visits:** 6  
**Freq/Duration:** 3XS A WEEK FOR 2 WEEKS  
**Script:**  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** ANY QUESTIONS PLEASE CONTACT  
KWILKINSONSON@RISKSOLUTIONS.COM

PLEASE SCHEDULE PT - TWIN BORO  
MRI CAN BE ANYWHERE

F/U TBS

THANK YOU