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: OT
First Name: MANUEL
Last Name: GARABITO
Claim Number: PJWC087433
Date of Injury: 2024-03-22
ICD Code
Describe Injury: INJ R WRIST DURING CONFINED SPACE TRAINING,WAS BEING LOWERED INTO A HOLE

Working: YES
Occupation: PAID FIREFIGHTER
Date of Birth: 1986-04-10
Gender: MALE
Home Phone: (732)277-3377
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 857 BARRY AVENUE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

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? YES
What hours does patient work? 24/72 ON/OFF

Referring Doctor

First Name: ANDREW A.
Last Name: WILLIS, MD
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax: 973-538-6498
Address 1: 160 EAST HANOVER AVE
Address 2:
City: MORRISTOWN
State NJ
Zip: 07962
Did patient have surgery? NO
Surgery Date:
DX: RIGHT WRIST SPRAIN
Body Parts: RIGHT WRIST
# of Auth visits: 24
Freq/Duration: 3X A WEEK FOR 8 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: PLEASE SCHEDULE WITH KARA AT PROFESSIONAL HAND THERAPY

I AM HAVING TROUBLE WITH THE SCRIPT, I AM NOT SURE IF IT IS ATTACHED- I WILL SEND IN AN EMAIL JUST IN CASE.

FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU