

Referral

Submitter

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

Claimant

Request: MRI, ARTH
First Name: RICHARD
Last Name: MULLER
Claim Number: PJWC087144
Date of Injury: 2024-02-28
ICD Code
Describe Injury: WHILE WORKING IN THE RAIN CLIMBING UP & DOWN THE LADDER ON TRUCK #62, IW SLIPPED ON THE LADDER AND HAD TO PULL HIMSELF UP WITH HIS RIGHT SHOULDER.

Working: YES
Occupation: ELECTRICIAN
Date of Birth: 1964-07-20
Gender: MALE
Home Phone: (201)968-9795
Cell Phone: (201)694-6700
Work Phone: (201)837-4816
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address: ELECTRIC4U@AOL.COM
Address 1: 70 LOUIS STREET
Address 2:
City: HACKENSACK
State: NJ
Zip: 07601
Preferred Language: ENGLISH

Employee

Company: TOWNSHIP OF TEANECK
Phone Number: 201-837-1600
Contact: DEAN KAZINCI
Address 1: 818 TEANECK ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours? YES
What hours does patient work? 7AM - 3PM

Referring Doctor

First Name: DENNIS
Last Name: PFISTERER
Practice Name: PFISTERER ORTHOPAEDICS
Phone Number: 201-836-1663
Email Address: NJORTHOCENTER@OPTIMUM.NET
Fax: 201-836-5729
Address 1: 870 PALISADES AVE
Address 2:
City: TEANECK
State: NJ
Zip: 07066
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script:
Follow-up MD:

Special Instructions

Special Instructions: KINDLY SCHEDULE ASAP. PLEASE SCHEDULE MRI ARTHROGRAM IN TEANECK AND PROVIDE THE EE WITH CD.