

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: SHERRI
Last Name: MCKINNEY
Claim Number: PLB089856
Date of Injury: 2024-11-15
ICD Code
Describe Injury: INJ L KNEE WAS TRYING TO HOLD ON TO STUDENT WHO WAS TRYING TO RUN

Working: YES
Occupation: GUARD
Date of Birth: 1973-05-22
Gender: FEMALE
Home Phone: (732)877-8339
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 2040 LEHIGH ST.
Address 2: #521
City: EASTON
State: PA
Zip: 18042
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? 730AM-3PM, 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:
City: MOUNTAINSIDE
State: NJ
Zip: 07092
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF LEFT KNEE
Body Parts: LEFT 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