

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
First Name: DONNIE
Last Name: TURNER
Claim Number: PJWC068615
Date of Injury: 2019-08-02
ICD Code S39.012 & M45.16
Describe Injury: LUMBAR

Working: NO
Occupation: DPW - NO LONGER WORKING
Date of Birth: 1963-12-30
Gender: MALE
Home Phone: 908-456-4947
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 9 TULIP DRIVE
Address 2:
City: FORDS
State: NJ
Zip: 08863
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE
Phone Number: 908-241-2014

Contact: KHEESHA WALLS
Address 1: 210 CHESNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? DOES NOT WORK - RETIRED

Referring Doctor

First Name: CHARLES A.
Last Name: GATTO, MD
Practice Name: ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 7-973-538-0909
Address 1: 160 E. HANOVER AVE, SUITE 201
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery?
Surgery Date:
DX:
Body Parts:
of Auth visits: 8
Freq/Duration: 2XS A WEEK FOR 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
KWILKINSON@RISKSOLUTIONS.COM