

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: DANA
Last Name: SPINDEL
Claim Number: PJWC087748
Date of Injury: 2024-04-22
ICD Code
Describe Injury: INJ R WRIST WHILE TRYING TO RACK SERVER
Working: YES
Occupation: SUPERVISOR
Date of Birth: 1981-02-28
Gender: FEMALE
Home Phone: (732)425-0244
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 327 IRON ONE ROAD.
Address 2:
City: MANALAPAN
State: NJ
Zip: 07726
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: (732)826-0290

Contact:
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? (9AM ? 5PM)

Referring Doctor

First Name: YVONNE
Last Name: FARNACIO, MD
Practice Name: HACKENSACK MERIDIAN HEALTH
Phone Number: 732-362-3871
Email Address:
Fax: 732-362-3873
Address 1: 742 US-1N
Address 2:
City: ISELIN
State: NJ
Zip: 08830
Did patient have surgery?
Surgery Date:
DX: RIGHT WRIST
Body Parts: RIGHT WRIST
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU