

# 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:** DME  
**First Name:** JESSICA  
**Last Name:** DE JESUS  
**Claim Number:** PJWC080941  
**Date of Injury:** 2022-08-16  
**ICD Code**  
**Describe Injury:** LEFT SHOULDER  
  
**Working:** YES  
**Occupation:** POLICE SGT  
**Date of Birth:** 1982-02-22  
**Gender:** FEMALE  
**Home Phone:** 732-423-4220  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 72 FARRINGTON ROAD  
**Address 2:**  
**City:** MATAWAN  
**State:** NJ  
**Zip:** 07747  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY -PD  
**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?**  
**What hours does patient work?** 12P TO 10P 3ON/4OFF

## Referring Doctor

**First Name:** MATTHEW J.  
**Last Name:** GARFINKEL MD  
**Practice Name:** EDISON-METUCHEN ORTHOPAEDIC GROUP  
**Phone Number:** 732-494-6226  
**Email Address:**  
**Fax:** 732-494-8762  
**Address 1:** 10 PARSONAGE ROAD  
**Address 2:** SUITE 500, 5TH FLOOR  
**City:** EDISON  
**State:** NJ  
**Zip:** 08837  
**Did patient have surgery?** YES  
**Surgery Date:** 2023-01-16  
**DX:** DYNASPLINT  
**Body Parts:** LEFT SHOULDER  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-06-15

## Special Instructions

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

THANK YOU