

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** DOMINIQUE  
**Last Name:** FORGIONE  
**Main Phone:** 973-940-1851  
**Ext.:** 235  
**Fax:** 973-940-1852  
**Email Address** DFORGIONE@RISKSOLUTIONS.COM

## Claimant

**Request:** CT  
**First Name:** SANDRO  
**Last Name:** PEREZ-JIMENEZ  
**Claim Number:** PJWC080185  
**Date of Injury:** 2022-06-13  
**ICD Code** M25.511 RIGHT SHOULDER  
**Describe Injury:** RIGHT SHOULDER

**Working:** YES  
**Occupation:** DPW  
**Date of Birth:** 1971-10-14  
**Gender:** MALE  
**Home Phone:** (787) 368-3107  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 496 MCKEAN STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:** SPANISH

## Employee

**Company:** CITY OF PERTH AMBOY  
**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?**

## **Referring Doctor**

**First Name:** DR. ANDREW A.  
**Last Name:** WILLIS, M.D.  
**Practice Name:** TRI COUNTY ORTHOPEDICS  
**Phone Number:** 973-538-2334  
**Email Address:**  
**Fax:** 973-267-6882  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:** RIGHT SHOULDER  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:**

## **Special Instructions**

**Special Instructions:**