

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: MAGALIZ
Last Name: GONZALEZ
Claim Number: PJWC085751
Date of Injury: 2023-10-19
ICD Code
Describe Injury: INJ R ARM/SHOULDER WHILE REMOVING BOX FROM TOP FILE CABINET DRAWER

Working: YES
Occupation: OFFICE CLERK
Date of Birth: 1962-01-25
Gender: FEMALE
Home Phone: (732)829-0405
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 5302 BRISTOL STATION CT
Address 2:
City: CARTERET
State: NJ
Zip: 07008
Preferred Language:

Employee

Company: CLERK'S OFFICE PERTH AMBOY

Phone Number:

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? 8AM-4PM, M-F

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

City: EDISON

State: NJ

Zip: 08837

Did patient have surgery?

Surgery Date:

DX: RT SHOULDER ARTHROSCOPY, RTC REPAIR

Body Parts: RIGHT SHOULDER

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