

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: SHALENE
Last Name: BOLAN
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: JOHNATHAN
Last Name: TORRES
Claim Number: 2023298792
Date of Injury: 2023-03-10
ICD Code M25.512
Describe Injury: ARTHROGRAM LEFT SHOULDER W/ INTRA-ARTICULAR R/O LABRAL TEAR & OTHER STRUCTURAL ABNORMALITIES

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1998-11-06
Gender: MALE
Home Phone: 973-856-0817
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1610 COACH ST.
Address 2: APT. 4
City: RAHWAY
State: NEW JERSEY
Zip: 07765
Preferred Language: ENGLISH

Employee

Company: CITY OF RAHWAY

Phone Number: 732-827-2096
Contact: MOLLY ORTIZ
Address 1: ONE CITY HALL PLAZA
Address 2:
City: RAHWAY
State: NJ
Zip: 07065
PT - Schedule during work hours?
What hours does patient work? 4 ON 4 OFF, 2PM-12:30AM

Referring Doctor

First Name: DANIEL
Last Name: RICHMOND, MD
Practice Name: COMPREHENSIVE ORTHOPAEDICS MILLBURN
Phone Number: 973-258-1177
Email Address:
Fax: 973-258-1818
Address 1: 235 MILLBURN AVENUE
Address 2: SUITE 102
City: MILLBURN
State: NEW JERSEY
Zip: 07041
Did patient have surgery? NO
Surgery Date:
DX: LEFT SHOLDER, LABRAL TEAR, & OTHER STRUCTURAL ABNORMAL
Body Parts: LEFT SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-06-29

Special Instructions

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

KWILKINSON@RISKSOLUTIONS.COM

*PLEASE PROVIDE THE PATIENT WITH CD WITH IMAGES
UPON COMPLETION

THANK YOU.