

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: MRI, CT
First Name: JAMES
Last Name: DEANNI
Claim Number: TEA042771
Date of Injury: 2013-06-24
ICD Code
Describe Injury:
Working: NO
Occupation: RETIRED POLICE OFFICER
Date of Birth: 1963-09-26
Gender: MALE
Home Phone: 609-752-1949
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 208 AIMEE'S WAY
Address 2:
City: NEW EGYPT
State: NJ
Zip: 08533
Preferred Language:

Employee

Company: TEANECK TOWNSHIP
Phone Number: 201-837-6100

Contact: TOM ROWE
Address 1: 818 TEANECK ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours?
What hours does patient work? RETIRED

Referring Doctor

First Name: CHARLES A.
Last Name: GATTO, MD
Practice Name: ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: 160 E. HANOVER AVE, SUITE 201
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? YES
Surgery Date: 2013-12-30
DX: MRI CERVICAL SPINE W/O CONTRAST & CT CERVICAL SPINE NO CO
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2022-11-20

Special Instructions

Special Instructions: ANY QUESTIONS OR FUTHER CORRESPONDENCE PLEASE
CONTACT LWINTER@RISKSOLUTIONS.COM

PLEASE MAKE APPT CLOSE TO HIS HOME