

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: MARLENY
Last Name: MERCADO-TORRES
Claim Number: PLB081694
Date of Injury: 2022-07-29
ICD Code
Describe Injury: INJ R KNEE, EE WAS KICKED BY STUDENT
Working: YES
Occupation: BUS ASSISTANT
Date of Birth: 1985-12-14
Gender: MALE
Home Phone: (908)531-4726
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 208 PRESCOTT PLACE
Address 2:
City: PLAINFIEL
State: NJ
Zip:
Preferred Language: 07063

Employee

Company: PLAINFIELD BD OF ED
Phone Number: 9087314325

Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 630 930 - 130 430

Referring Doctor

First Name: DAVID
Last Name: EPSTEIN
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-267-6882
Email Address:
Fax: 908-234-2022
Address 1: 1590 ROUTE 206
Address 2:
City: BEDMINSTER
State: NJ
Zip: 07921
Did patient have surgery? NO
Surgery Date:
DX: LMT
Body Parts: RT. KNEE
of Auth visits:
Freq/Duration:
Script:
Follow-up MD: 2023-04-04

Special Instructions

Special Instructions: BELONGS TO CAROLINA