

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 9739401852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** TOWANDA  
**Last Name:** SIMMONS  
**Claim Number:** IWC088443  
**Date of Injury:** 2024-06-24  
**ICD Code**  
**Describe Injury:** INJ R/L LEGS EE WAS INVOLVED IN A MVA  
**Working:** YES  
**Occupation:** POLICE OFFICR  
**Date of Birth:** 1973-06-21  
**Gender:** FEMALE  
**Home Phone:** (973)920-5207  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 230 EASTERN PARKWAY  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP  
**Phone Number:** 6102834375

**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7AM-230PM

## Referring Doctor

**First Name:** ROMAN  
**Last Name:** ISAAC  
**Practice Name:** HUDSON PRO  
**Phone Number:** 973-538-5200  
**Email Address:**  
**Fax:** 973-538-9762  
**Address 1:** 235 MCWHORTER STREET  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** SPRAIN  
**Body Parts:** LT. KNEE/CERVICAL, LUMBAR  
**# of Auth visits:** 18  
**Freq/Duration:** 3X/WK X 6WKS  
**Script:** YES  
**Follow-up MD:** 2024-08-26

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA