

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: ARTH
First Name: DEXTER
Last Name: ALBERT
Claim Number: PLB081642
Date of Injury: 2022-10-13
ICD Code
Describe Injury: INJ L SHOULDER, EE LIFTED A 100LB TOILET BOWL & HAS PAIN IN SHOULDER

Working: YES
Occupation: CUSTODIAN
Date of Birth: 1961-04-19
Gender: MALE
Home Phone: (908) 644-9966
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 982 PROSPECT AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

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?
What hours does patient work? 6:30A TO 3:30P

Referring Doctor

First Name: GREGORY
Last Name: GALLICK
Practice Name: ORTHO SURGERY & SPORTS MEDICINE
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVENUE
Address 2: STE. 2C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: LT. SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-02-10

Special Instructions

Special Instructions: BELONGS TO CAROLINA