

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: PT
First Name: RASUOL
Last Name: WILSON
Claim Number: PLB066520
Date of Injury: 2019-02-13
ICD Code
Describe Injury: INJ L LOWER BACK AND L HIP, WHILE MOVING EQUIPMENT
FOR HIS CLASS FROM UNDER THE STAGE

Working: YES
Occupation: TEACHER
Date of Birth: 1988-01-14
Gender: MALE
Home Phone: (804) 943-3109
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1313 ASTOR PLACE
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? 8AM TO 3:05PM

Referring Doctor

First Name: RICHARD
Last Name: NACHWALTER
Practice Name: ATLANTIC SPINE SPECIALISTS
Phone Number: 973-971-3500
Email Address:
Fax: 973-683-0016
Address 1: 131 MADISON AVENUE
Address 2: STE. 110
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: RADICULOPATHY
Body Parts: LUMBAR
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2022-11-18

Special Instructions

Special Instructions: BELONGS TO CAROLINA.
AS YOU CAN SEE, WE ARE A LITTLE BEHIND WITH THE
SCHEDULING.
WE WILL SCHEDULE HIS FOLLOW UP APPOINTMENT
AFTER HE HAS COMPLETED THE PT. THANK YOU