

# 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:** ANDRE  
**Last Name:** CRAWFORD  
**Claim Number:** PLB085104  
**Date of Injury:** 2023-09-06  
**ICD Code**  
**Describe Injury:** INJ L SHOULDER HURRYING INTO VEHICLE, WHEN A CAR WAS COMING AT FULL SPEED  
**Working:** YES  
**Occupation:** RESIDENCY OFFICER  
**Date of Birth:** 1964-06-19  
**Gender:** MALE  
**Home Phone:** (973)672-3170  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 19 MELROSE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BD OF ED

**Phone Number:** 9087314325  
**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 12PM TO 12AM

## Referring Doctor

**First Name:** NEOLA  
**Last Name:** GUSHWAY-HENRY  
**Practice Name:** CONCENTRA  
**Phone Number:** 908) 757-1424  
**Email Address:**  
**Fax:** FAX: (908) 757-5678  
**Address 1:** 116 CORPORATE BLVD E.  
**Address 2:**  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** STRAIN  
**Body Parts:** LT. SHOULDER  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** NO  
**Follow-up MD:** 2023-09-11

## Special Instructions

**Special Instructions:** HEY SUNSHINE,  
  
BELONGS TO CAROLINA