

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: EDWARD
Last Name: GLASSEN
Claim Number: IWC028270
Date of Injury: 2008-12-14
ICD Code
Describe Injury: KNEES, BOTH INJ WHILE INSIDE STRUCTURE FLOOR COLLAPSED

Working: NO
Occupation: RETIRED FIRE FIGHTER
Date of Birth: 1961-12-11
Gender: MALE
Home Phone: 732-388-3533
Cell Phone: 732-259-3756
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 321 WEST LANE
Address 2:
City: CLARK
State: NJ
Zip: 07066
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 610-283-4375
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?

Referring Doctor

First Name: DOUGLAS
Last Name: ROBINSON
Practice Name: ORTHOPAEDICS UNLIMITED LLC
Phone Number: 973-577-5200
Email Address:
Fax: 973-577-5201
Address 1: 445 PLEASANT VALLEY WAY
Address 2:
City: WEST ORANGE
State: NJ
Zip: 07052
Did patient have surgery? YES
Surgery Date: 2022-12-01
DX: OSTEOARTHRITIS
Body Parts: RT. KNEE
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2022-12-22

Special Instructions

Special Instructions: BELONGS TO CAROLINA

?PLEASE COPY THE FOLLOWING PEOPLE IN YOU EMAILS
WITH REGARDS TO THIS EMPLOYEE: DR. GEORGE
MELLENDICK GMELLENDICK@IRVINGTONNJ.ORG; CHRISTI
KELLY CKELLY@IRVINGTONNJ.ORG