

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: GEORGE
Last Name: WEISS
Claim Number: IWC031593
Date of Injury: 2009-12-08
ICD Code
Describe Injury: NECK/BACK STRAINED WHEN EE REACHED OUT FOR WALL WHILE FIGHTING A FIRE.

Working:
Occupation: FIRE FIGHTER
Date of Birth: 1959-03-06
Gender: MALE
Home Phone: (908)687-7848
Cell Phone: (908)377-5548
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1182 BURNET AVENEU
Address 2:
City: UNION
State: NJ
Zip: 07083
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? NO
What hours does patient work?

Referring Doctor

First Name: CHARLES
Last Name: GATTO
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: 160 E. HANOVER AVENUE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? YES
Surgery Date: 2017-11-27
DX: CERVICALGIA
Body Parts: CERVICAL
of Auth visits: 8
Freq/Duration: 2X/WK X 4WKS
Script: YES
Follow-up MD: 2024-09-02

Special Instructions

Special Instructions: 12 VISITS TO BE DONE BY 9/13/24
BELONGS TO CAROLINA