

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: MARGOTH
Last Name: REGALADO
Claim Number: PLB083834
Date of Injury: 2023-05-10
ICD Code
Describe Injury: INJ L KNEE & WRIST WELCOMING STUDENT IN BLDG,TRIPPED ON THE RUG

Working: YES
Occupation: TEACHER ASSISTANT
Date of Birth: 1946-07-05
Gender: FEMALE
Home Phone: (908)680-6961
Cell Phone: (908)922-0552
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1535 EAST FRONT STREET
Address 2:
City: SCOTCH PLAINS
State: NJ
Zip: 07076
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? 8A TO 3P

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
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: SPRAIN
Body Parts: LT. HAND
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-05-29

Special Instructions

Special Instructions: BELONGS TO ANGELA
FOLLOW UP WILL BE SCHEDULED AFTER PHYSICAL
THERAPY IS COMPLETE