

# 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:** DME  
**First Name:** ALEXANDER  
**Last Name:** HERNANDEZ  
**Claim Number:** PJWC087755  
**Date of Injury:** 2024-04-26  
**ICD Code**  
**Describe Injury:** INJ L KNEE WHEN CLIMBING OUT OF TRUCK, EE SLIPPED  
**Working:** NO  
**Occupation:** HEAVY EQUIPMENT OPERATOR  
**Date of Birth:** 1974-09-22  
**Gender:** MALE  
**Home Phone:** (732)646-3021  
**Cell Phone:** (908)338-2430  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 411 EAST AVENUE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** 973-826-2010

**Contact:** ELENA ROSARIO  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7AM-2PM

## Referring Doctor

**First Name:** MATTHEW  
**Last Name:** GARFINKEL  
**Practice Name:** EDISON METUCHEN ORTHOPAEDIC GROUP  
**Phone Number:** 7324946226  
**Email Address:**  
**Fax:**  
**Address 1:** 10 PARSONAGE RD  
**Address 2:**  
**City:** EDISON  
**State:** NJ  
**Zip:** 08837  
**Did patient have surgery?** YES  
**Surgery Date:** 2024-06-10  
**DX:** S/P LEFT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISECTOMY  
**Body Parts:** LT. KNEE  
**# of Auth visits:** HOME ELECTRICAL STIMULATION UNIT  
**Freq/Duration:**  
**Script:**  
**Follow-up MD:** 2024-08-06

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA