

Referral Queue ID: 480523837

Patient Referral

Patient Information:

Patient:	Tortorici-Dunham, Nancy	Home Phone:	(732) 865-0748
SSN:	XXX-XX-XXXX	Work Phone:	Ext:
Address:	51 Pearl Street-East MIDDLETOWN, NJ 07748	DOI:	06/29/2023
		DOB:	04/18/1955
		Cell Phone:	(732) 865-0748

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave Plainfield, NJ 070631139	Role:	Additional Contact
Auth. by:		Phone:	(908) 731-4323
		Ext.:	
		Fax:	

Program:

Billing Information:

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68 Newton, NJ 078600068	Address:	PO Box 68 Newton, NJ 078600068
Phone:	(973) 940-1851	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

Facility Referral Information:

Referral Status: Autoclose
Consult and treat

Priority: Routine

REFERRAL PRESCRIPTION

Recommended Facility:

Facility Type: Test Center

Facility Service: MRI

Referral Purpose

Referral Focus	Hemisphere	Ruleout	Contrast
Hip	Right	N/A	Without
		N/A	Without

Additional Notes:

Auto Create - MRI, Right Hip; without contrast material

Date: 6/29/2023

Referring Provider:

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.