

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: MRI
First Name: JAMES
Last Name: SHAW
Claim Number: PVS066108
Date of Injury: 2019-01-03
ICD Code
Describe Injury: INJ R SHOULDER, ATTEMPTED TO JUMP INTO THE BED OF THE TRUCK
Working: YES
Occupation: SEWER WORKER
Date of Birth:
Gender: MALE
Home Phone: (908) 578-6455
Cell Phone: (908) 525-9825
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1240 BARBARA AVENUE
Address 2:
City: UNION
State: NJ
Zip: 07083
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE COMMISSION

Phone Number: 973-817-5695
Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVENUE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours? NO
What hours does patient work? 6AM TO 2PM

Referring Doctor

First Name: DAVD
Last Name: EPSTEIN
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-267-6882
Email Address:
Fax: 973-538-4081
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? YES
Surgery Date: 2019-02-28
DX: PAIN
Body Parts: RT. SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-06-19

Special Instructions

Special Instructions: BELONGS TO CAROLINA
FOLLOW UP WILL BE SET UP ONCE MRI IS COMPLETE.