

# 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:** CHARISSE  
**Last Name:** PARKER  
**Claim Number:** PLB083267  
**Date of Injury:** 2023-03-21  
**ICD Code**  
**Describe Injury:** INJ L SIDE OF CHEST WHILE PICKING UP A BOX, PULLED SOMETHING

**Working:** YES  
**Occupation:** SECRETARY  
**Date of Birth:** 1968-11-08  
**Gender:** FEMALE  
**Home Phone:** (908) 769-6194  
**Cell Phone:** (908) 922-5351  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1130 STILLMAN AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07060  
**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?** NO  
**What hours does patient work?** 8A TO 4:30P

## 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:** THORAX  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2023-03-24

## Special Instructions

**Special Instructions:** BELONGS TO ANGELA  
I WILL CANCEL HER UPCOMING APPT UNTIL HER PT IS  
COMPLETE