

# 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:** MRI, XR  
**First Name:** ABEL  
**Last Name:** LOPEZ  
**Claim Number:** PJWC087813  
**Date of Injury:** 2024-05-02  
**ICD Code**  
**Describe Injury:** INJ LOWER BACK WHEN OPENING THE CONTAINER BOX  
**Working:** YES  
**Occupation:** TRUCK DRIVER  
**Date of Birth:** 1977-04-23  
**Gender:** MALE  
**Home Phone:** (201)375-8683  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 673 HUNTER AVE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** 7328262010

**Contact:** ELENA ROSARIO  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 7:30AM-3:30PM

## Referring Doctor

**First Name:** CHARLES  
**Last Name:** GATTO  
**Practice Name:** THE ADVANCED SPINE CENTER  
**Phone Number:** 9735380900  
**Email Address:**  
**Fax:** 9735380909  
**Address 1:** 160 E. HANOVER AVENUE  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** YES  
**Surgery Date:** 2024-08-07  
**DX:** PAIN/STRAIN  
**Body Parts:** LUMBAR  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-12-06

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA