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: RAJOHN
Last Name: MANN
Claim Number: PLB082866
Date of Injury: 2023-02-09
ICD Code
Describe Injury: INJ R SHOULDER WHILE BREAKING UP FIGHT BTW STUDENT AND PARENT

Working: NO
Occupation: SECURITY GUARD
Date of Birth: 1975-03-31
Gender: MALE
Home Phone: (908)361-6163
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 26 ROMNEY ROAD
Address 2:
City: BOUND BROOK
State: NJ
Zip: 08905
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? 7:30A TO 3P

Referring Doctor

First Name: ADAM
Last Name: BERNSTEIN
Practice Name: GARDEN STATE ORTHO
Phone Number: 201-475-0019
Email Address:
Fax: 201-475-8740
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State NJ
Zip: 07410
Did patient have surgery? YES
Surgery Date: 2023-05-01
DX: ARTHROSOPY, ROTTOR CUFF REPAIR, SUBACROMIAL DECOMPRESS
Body Parts: RT. SHOULDER
# of Auth visits: 18
Freq/Duration: 3X/WK X 6WKS
Script: YES
Follow-up MD: 2023-05-11

Special Instructions

Special Instructions: BELONGS TO ANGELA
ANYTIME BETWEEN NOW AND NEXT WEEK WHICH WILL BE WITHIN THE 2 WKS AFTER SURGERY.

THANKS