

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.:
Fax:
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT, MRI
First Name: NANCY
Last Name: TORTORICI-DUNHAM
Claim Number: PLB084446
Date of Injury: 2023-06-29
ICD Code
Describe Injury: INJ R KNEE,R UPPER THIGH & HIP STUDENT TRIPPED EE & SHE
FELL
Working: NO
Occupation: TEACHER
Date of Birth: 1955-04-18
Gender: FEMALE
Home Phone: (732) 787-7286
Cell Phone: (732) 865-0748
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 51 PEARL STREET EAST
Address 2:
City: MIDDLETON
State: NJ
Zip: 07748
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 8AM-3:05PM

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: CLOSE FRACTURE
Body Parts: RT.HIP
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-07-25

Special Instructions

Special Instructions: BELONGS TO CAROLINA.

HEY SUNSHINE.