

# Referral

## Submitter

**Company Name:** TOWNSHIP OF IRVINGTON NEW JERSEY  
**First Name:** CHRISTI  
**Last Name:** KELLY  
**Main Phone:** 6102834375  
**Ext.:**  
**Fax:**  
**Email Address** CKELLY@IRVINGTONNJ.ORG

## Claimant

**Request:** CT  
**First Name:** ALEXANDER  
**Last Name:** NEMETH  
**Claim Number:** IRTW-10994014  
**Date of Injury:** 2002-01-10  
**ICD Code**  
**Describe Injury:** RETIRED, LUMBAR RADICULOPATHY WITH SPINAL CORD STIM INSERTION  
  
**Working:** NO  
**Occupation:** RETIRED  
**Date of Birth:** 1943-06-12  
**Gender:** MALE  
**Home Phone:** 732.244.2947  
**Cell Phone:** (732) 408-0248  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:** ERIKANEM4@VERIZON.NET - SPOUSE  
**Address 1:** 7 RADCLIFFE LANE  
**Address 2:**  
**City:** MANCHESTER  
**State:** NJ  
**Zip:** 08759  
**Preferred Language:** ENGLISH

## Employee

**Company:** RETIRED - TOWNSHIP OF IRVINGTON FF

**Phone Number:**  
**Contact:**  
**Address 1:**  
**Address 2:**  
**City:**  
**State:**  
**Zip:**  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** N/A

## **Referring Doctor**

**First Name:** ANIL  
**Last Name:** SHARMA  
**Practice Name:** SPINE AND PAIN CENTERS, PA  
**Phone Number:** 732-345-1180  
**Email Address:** AMARESCA@SPINEANDPAIN.COM  
**Fax:** 732-530-4476  
**Address 1:** 1967 RTE 34 BLDG C SUITE 102  
**Address 2:**  
**City:** WALL  
**State:** NJ  
**Zip:** 07719  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:** THORACIC SPINE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:**

## **Special Instructions**

**Special Instructions:** PACEMAKER