

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, VESTIBULAR
First Name: RASHON
Last Name: LAWRENCE
Claim Number: IWC082932
Date of Injury: 2023-02-19
ICD Code
Describe Injury: INJ HEAD WHILE RESPONDING TO A CALL, WAS INVOLVED IN A MVA
Working: NO
Occupation: PATROLMAN
Date of Birth: 1995-11-15
Gender: MALE
Home Phone: (862)438-3242
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 110 16TH STREET
Address 2:
City: BLOOMFIELD
State: NJ
Zip: 07003
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 610-283-4375
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 4:45PM TO 4A

Referring Doctor

First Name: VINAT
Last Name: CHOPRA
Practice Name: GENESIS ORTHOPAEDIC AND SPINE
Phone Number: 908-438-2311
Email Address:
Fax: 908-588-2319
Address 1: 116 S. EUCLID AVE
Address 2:
City: WESTFIELD
State: NJ
Zip: 07090
Did patient have surgery? NO
Surgery Date:
DX: RADICULOPATHY
Body Parts: NECK
of Auth visits: 6
Freq/Duration: 3WKS X 2WKS
Script: YES
Follow-up MD: 2023-04-05

Special Instructions

Special Instructions: BELONGS TO CAROLINA