

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: SEA N
Last Name: SUTTON
Claim Number: PLB072951
Date of Injury: 2020-09-23
ICD Code
Describe Injury: INJ R HAND, WHILE OPENING THE WINDOW IT FELL RAPIDLY ON HIS HAND, WINDOW WAS ON TOP OF HIS HAND AND NEEDED ASSIANCE TO GET IT OFF

Working: YES
Occupation: DIRECTOR OF FACILITIES AND GROUNDS
Date of Birth: 1971-07-06
Gender: MALE
Home Phone: (732)522-0126
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 944 WEST 5TH STREET
Address 2: #2
City: PLAINFIELD
State: NJ
Zip: 07060
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?
What hours does patient work? 8A TO 5P

Referring Doctor

First Name: FRANKLIN
Last Name: CHEN
Practice Name: CONCENTRA
Phone Number: 732-494-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE RD
Address 2:
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? YES
Surgery Date: 2021-04-07
DX: RADIAL STYLOID TENOSYOVITIS
Body Parts: RT. FOREARM
of Auth visits: 8
Freq/Duration: 2X/WK X 4WKS
Script: YES
Follow-up MD: 2023-02-14

Special Instructions

Special Instructions: BELONGS TO CAROLINA