

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: MRI, ARTH
First Name: FAREED
Last Name: NASIR
Claim Number: IWC083086
Date of Injury: 2023-02-28
ICD Code
Describe Injury: INJ L SHOULDER WHILE WORKING ON SNOW EQUIPMENT,
FELT PAIN IN SHOULDER

Working: YES
Occupation: SUPERVISOR OF MOTORS
Date of Birth: 1986-11-17
Gender: MALE
Home Phone: (973)409-1638
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 74 OAK AVE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 610-3283-4375
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? 7:30A TO 4PM

Referring Doctor

First Name: ADAM
Last Name: BERNSTEIN
Practice Name:
Phone Number: 2014750019
Email Address:
Fax: 973-685-9779
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LT. SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-04-06

Special Instructions

Special Instructions: BELONGS TO CAROLINA