

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
First Name: ALISA
Last Name: BARNES
Claim Number: PLB083015
Date of Injury: 2023-02-28
ICD Code
Describe Injury: INJ L ANKLE EE SLIPPED ON ICE/SNOW
Working: YES
Occupation: TEACHER
Date of Birth: 1969-06-07
Gender: MALE
Home Phone: (917) 573-8817
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 95 SPRUCE MILL LANE
Address 2:
City: SCOTCH PLAINFS
State: NJ
Zip: 07076
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? NO
What hours does patient work? 8A TO 3:05P

Referring Doctor

First Name: DAVID
Last Name: EPSTEIN
Practice Name:
Phone Number: 9735382334
Email Address:
Fax: 908-234-2022
Address 1: 1590 RT 206
Address 2: BLDG 200
City: BEDMINSTER
State: NJ
Zip: 07921
Did patient have surgery? NO
Surgery Date:
DX: OTHER FRACTURE OF UPPER AND LOWER END OF LEFT FIBULA, SE
Body Parts: LT. ANKLE
of Auth visits:
Freq/Duration:
Script:
Follow-up MD: 2023-06-09

Special Instructions

Special Instructions: BELONGS TO ANGELA
F/U AFTER MRI IS SCHEDULED