

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: CACELL
Last Name: GREEN
Claim Number: IWC051028
Date of Injury: 2015-10-14
ICD Code
Describe Injury: LT. FOOT RAN OVER BY VEHICLE WHILE BLOWING LEAVES FROM STREET TOWARDS SIDEWALK

Working: YES
Occupation: LABORER
Date of Birth: 1981-12-09
Gender: MALE
Home Phone: (973) 536-8722
Cell Phone: (551) 333-4541
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 41 NORMAN RD
Address 2: #4
City: NEWARK
State: NJ
Zip: 07106
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? 8A TO 4:30P

Referring Doctor

First Name: NILESH
Last Name: PATEL
Practice Name: EDISON METUCHEN ORTHO GRP
Phone Number: 732-494-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE RD
Address 2: STE. 500
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: LT. ANKLE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-05-01

Special Instructions

Special Instructions: BELONGS TO CAROLINA