

# 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:**  
**First Name:** DE'SHANTE  
**Last Name:** SALMON  
**Claim Number:** PLB089500  
**Date of Injury:** 2023-04-24  
**ICD Code**  
**Describe Injury:** INJ MULT BODY PART WHEN A SPEDING CAR CRASHED INTO THE BUS ON DRIVER SIDE  
**Working:** NO  
**Occupation:** TRANSPORTATION HELPER  
**Date of Birth:** 2024-10-07  
**Gender:** FEMALE  
**Home Phone:** (908)858-4734  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 538 W. 7TH ST.  
**Address 2:** APT. C8  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07060  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BD OF ED

**Phone Number:** 9087314325  
**Contact:** MICHAEL GARCIA  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 630AM-10 AM, 2-530PM; M-F

## Referring Doctor

**First Name:** GREGORY  
**Last Name:** GALLICK  
**Practice Name:**  
**Phone Number:** 908-686-6665  
**Email Address:**  
**Fax:**  
**Address 1:** 2780 MORRIS AVENUE  
**Address 2:**  
**City:** UNION  
**State:** NJ  
**Zip:** 07083  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** STRAIN  
**Body Parts:** NECK, LUMBOSACRAL  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2 WKS  
**Script:** YES  
**Follow-up MD:** 2024-11-08

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA