

# 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:** DEXTER  
**Last Name:** ALBERT  
**Claim Number:** PLB081642  
**Date of Injury:** 2022-10-13  
**ICD Code**  
**Describe Injury:** INJ L SHOULDER, EE LIFTED A 100LB TOILET BOWL & HAS PAIN IN SHOULDER  
  
**Working:** YES  
**Occupation:** CUSTODIAN  
**Date of Birth:** 1961-04-19  
**Gender:** MALE  
**Home Phone:** (908) 644-9966  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 982 PROSPECT AVENUE  
**Address 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?** NO  
**What hours does patient work?** 6:30A TO 3:30P

## Referring Doctor

**First Name:** RICHARD  
**Last Name:** NACHWALTER  
**Practice Name:** ATLANTIC SPINE SPECIALISTS  
**Phone Number:** 973-971-3500  
**Email Address:**  
**Fax:** 973-683-0016  
**Address 1:** 131 MADISON AVENUE  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:** CERVICAL  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-05-01

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA