

# 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:** PT  
**First Name:** ANTHONY  
**Last Name:** COLON  
**Claim Number:** PJWC084730  
**Date of Injury:** 2024-08-02  
**ICD Code**  
**Describe Injury:** INJ L KNEE & R SHOULDER EE FELL WHILE PURSUING A  
SUSPECT ON FOOT

**Working:** YES  
**Occupation:** POLICE  
**Date of Birth:** 1994-09-23  
**Gender:** MALE  
**Home Phone:** (848)250-3509  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 602 MISSISSIPPI ST  
**Address 2:**  
**City:** TOMS RIVER  
**State:** NJ  
**Zip:** 08755  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY

**Phone Number:** 732-324-3827  
**Contact:** DAVID GUZMAN  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 5PM TO 3AM

## Referring Doctor

**First Name:** CHRISTOPHER  
**Last Name:** SPAGNUOLA  
**Practice Name:** SEAVIEW ORTHO  
**Phone Number:** 732-458-7866  
**Email Address:**  
**Fax:** 732-458-2743  
**Address 1:** 1640 RT. 88 WEST  
**Address 2:** STE 101  
**City:** BRICK  
**State:** NJ  
**Zip:** 08724  
**Did patient have surgery?** YES  
**Surgery Date:** 2023-12-04  
**DX:** SPRAIN OF POSTERIOR CRUCIATE LIGAMENT OF LEF TKNEE  
**Body Parts:** LT. KNEE  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2024-09-13

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA