

# 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:** NATHANIEL  
**Last Name:** JAMES, JR  
**Claim Number:** PVS083187  
**Date of Injury:** 2023-03-10  
**ICD Code**  
**Describe Injury:** INJ TAILBONE WHILE GETTING OUT OF TRUCK ,FOOT SLIPPED & EE FELL  
  
**Working:** NO  
**Occupation:** SEWER WORKER  
**Date of Birth:** 1970-04-12  
**Gender:** MALE  
**Home Phone:** (973) 278-2098  
**Cell Phone:** (973) 392-6592  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 5 MANOR DRIVE  
**Address 2:** APT 7D  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07106  
**Preferred Language:**

## Employee

**Company:** PASSAIC VALLEY SEWERAGE COMMISSION

**Phone Number:** 973-817-5695  
**Contact:** CHRISTINE  
**Address 1:** CATENARO  
**Address 2:** 600 WILSON AVENUE  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7A TO 3:30P,

## Referring Doctor

**First Name:** CHARLES  
**Last Name:** GATTO  
**Practice Name:** THE ADVANCED SPINE CENTER  
**Phone Number:** 973-538-0900  
**Email Address:**  
**Fax:** 973-538-0909  
**Address 1:** 160 E. HANOVER AVENUE  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?**  
**Surgery Date:**  
**DX:** L1 COMPRESSION FX (CLOSED TREATMENT), BACK PAIN. LUMBAR  
**Body Parts:** LUMBAR  
**# of Auth visits:** 12  
**Freq/Duration:** 3X/WK X 4WKS  
**Script:** YES  
**Follow-up MD:** 2023-08-11

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA