

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: ALESSANDRO
Last Name: ALVES
Claim Number: PVS082811
Date of Injury: 2023-02-07
ICD Code
Describe Injury: INJ R LOWER BACK WHILE REACHING FOR COVER, EE
OVERREACHED & FELT A PAIN

Working: YES
Occupation: MECHANIC
Date of Birth: 1984-09-28
Gender: MALE
Home Phone: (973)803-1295
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 9 SILVIA PLACE
Address 2:
City: NORTH ARLINGTON
State: NJ
Zip: 07031
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE COMMISSION

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

Referring Doctor

First Name: GREGORY
Last Name: GALLICK
Practice Name:
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVENUE
Address 2: STE. 2C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script:
Follow-up MD: 2023-03-01

Special Instructions

Special Instructions: BELONG TO CAROLINA