

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.:
Fax: 201-940-1851
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT, MRI
First Name: LORETTA
Last Name: ELLISON-MURPHY
Claim Number: IWC086274
Date of Injury: 2023-12-11
ICD Code
Describe Injury: INJJ R KNEE WHEN SHE SLIPPED ON WET LEAVES
Working: YES
Occupation: CROSSING GUARD
Date of Birth: 1957-04-07
Gender: FEMALE
Home Phone: (862)944-6667
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1:
Address 2:
City: VAUXHALL
State: NJ
Zip: 07088
Preferred Language:

Employee

Company: IRVINGTON TWP
Phone Number: 610-283-4375

Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? 730AM- 915AM THEN 230PM -415PM

Referring Doctor

First Name: ROMAN
Last Name: ISAAC
Practice Name: HUDSON
Phone Number:
Email Address:
Fax:
Address 1: 2333 MORRIS AVE
Address 2: STE B
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: RT. KNEE
of Auth visits: 6
Freq/Duration: 2X/WK X 3WKS
Script: YES
Follow-up MD: 2024-01-17

Special Instructions

Special Instructions: BELONGS TO CAROLINA