

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: DOMINIQUE
Last Name: FORGIONE
Main Phone: 973-940-1851
Ext.: 235
Fax: 973-940-1852
Email Address DFORGIONE@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: DONTAY
Last Name: PAYNE
Claim Number: PJWC081991-02
Date of Injury: 2022-11-16
ICD Code
Describe Injury: CERVICAL STRAIN

Working: YES
Occupation: LABORER
Date of Birth: 1989-03-05
Gender: MALE
Home Phone: (908)275-3365
Cell Phone: (908)257-1254
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1100 MORRIS STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE
Phone Number: (908) 241-2014

Contact: KHEESHA WALLS
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours?
What hours does patient work? 5AM-11AM

Referring Doctor

First Name: DR. GREGORY S.
Last Name: GALLICK, MD
Practice Name: DR. GREGORY GALLICK
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVE
Address 2: SUITE 2-C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: CERVICAL
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 3 WEEKS
Script:
Follow-up MD: 2022-12-20

Special Instructions

Special Instructions: