

# 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:** PAUL  
**Last Name:** GREEN  
**Claim Number:** GSNP082743  
**Date of Injury:** 2022-12-21  
**ICD Code**  
**Describe Injury:** INJ L SHOULDER WHILE LIFTING A SMALL COUCH  
**Working:** YES  
**Occupation:** DRIVER  
**Date of Birth:** 1962-02-08  
**Gender:** MALE  
**Home Phone:** (732)695-2495  
**Cell Phone:** (732)768-3308  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 717 JOHN TERRACE  
**Address 2:**  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**Preferred Language:**

## Employee

**Company:** NEPTUNE TWP  
**Phone Number:** 732-988-5200 EXT. 230

**Contact:** STEPHANIE OPEGAARD  
**Address 1:** 25 NEPTUNE BLVD  
**Address 2:**  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 6:30A-3PM

## Referring Doctor

**First Name:** KENNETH Y.  
**Last Name:** CHERN  
**Practice Name:** SEAVIEW ORTHO  
**Phone Number:** 732-660-6200  
**Email Address:**  
**Fax:** 732-660-6202  
**Address 1:** 1200 EAGLE AVENUE  
**Address 2:** STE. 100  
**City:** OCEAN  
**State:** NJ  
**Zip:** 07112  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** STRAIN OF MUSCLE AND TENDON OF ROTATOR CUFF OF LEFT SHOULDER  
**Body Parts:** LT SHOULDER  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2023-04-25

## Special Instructions

**Special Instructions:** BELONGS TO KRISTIN  
SURGERY SCHEDULED 4/25/23  
PT TO BEGIN THE DAY AFTER SURGERY