

# 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:** CT  
**First Name:** EDWIN  
**Last Name:** PIERRE  
**Claim Number:** IWC075437-01  
**Date of Injury:** 2021-05-13  
**ICD Code**  
**Describe Injury:** INJ L & R LEG, RESPONDING TO AN ACCIDENT W/ DOWN WIRES, 2ND VEHICLE DRAGGED WIRES CAUSING OFFICER TO BREAK LEGS

**Working:**  
**Occupation:** POLICE  
**Date of Birth:** 1990-12-06  
**Gender:** MALE  
**Home Phone:** (973)372-2922  
**Cell Phone:** (973)810-6011  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 37 38TH ST.  
**Address 2:** APT. 2  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**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?** 3:45P TO 3A

## Referring Doctor

**First Name:** MICHAEL  
**Last Name:** SIRKIN  
**Practice Name:** UNIVERSITY HOSPITAL  
**Phone Number:** 973-972-4977  
**Email Address:**  
**Fax:**  
**Address 1:** 150 BERGEN ST  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07103  
**Did patient have surgery?** YES  
**Surgery Date:** 2021-05-13  
**DX:** FRACTURE  
**Body Parts:** RT. TIB FIB  
**# of Auth visits:** CT WITHOUT CONTRAST  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2022-12-29

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA