

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** LUCIA  
**Last Name:** WINTER  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 9739401852  
**Email Address** LWINTER@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** ABEL  
**Last Name:** LOPEZ  
**Claim Number:** PJWC087813  
**Date of Injury:** 2024-05-02  
**ICD Code** S39.012A  
**Describe Injury:** WHILE AT LANDFILL AND DUMPING GARBAGE, IW PULLED TO OPEN THE CONTAINER BOX HANDLE THAT WAS STUCK AND INJURED HIS LOWER BACK.

**Working:** NO  
**Occupation:** DPW LABORER - TRUCK DRIVER  
**Date of Birth:** 1977-04-23  
**Gender:** MALE  
**Home Phone:**  
**Cell Phone:** (201)375-8683  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 673 HUNTER AVE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:** ENGLISH

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** 732-826-0290  
**Contact:**  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 7:30AM - 3:30AM

## Referring Doctor

**First Name:** CHARLES  
**Last Name:** GATTO  
**Practice Name:** THE ADVANCE SPINE CENTER  
**Phone Number:** 9735380900  
**Email Address:**  
**Fax:** 9735380909  
**Address 1:** 160 E HANOVER AVE, 2ND FL STE 201  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** S39.012A  
**Body Parts:** LUMBAR  
**# of Auth visits:** 5  
**Freq/Duration:** 1 WEEK  
**Script:** YES  
**Follow-up MD:** 2024-05-21

## Special Instructions

**Special Instructions:**