

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 908-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: DEJON
Last Name: SCOTT
Claim Number: IWC086802
Date of Injury: 2024-01-31
ICD Code
Describe Injury: INJ L KNEE WHILE RESTRAINING AN EDP, EE WAS KICKED IN THE LEG

Working: YES
Occupation: POLICE
Date of Birth: 1992-10-08
Gender: MALE
Home Phone: (862)250-4764
Cell Phone: (862)231-8866
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 47 LINDEN AVE
Address 2: APT. B1
City: IRVINGTON
State: NJ
Zip: 07111
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 6102834375
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 5PM-3 AM

Referring Doctor

First Name: ERIC
Last Name: ZACHWIEJA
Practice Name: GARDEN STATE ORTHO
Phone Number: 973-330-0700
Email Address:
Fax: 973-928-2805
Address 1: 925 CLIFTON AVENUE
Address 2:
City: CLIFTON
State: NJ
Zip: 07013
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION
Body Parts: LT. KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-02-29

Special Instructions

Special Instructions: BELONGS TO CAROLINA