

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT, MRI
First Name: LESLIE
Last Name: CUMMINGS
Claim Number: PJWC087828
Date of Injury: 2024-05-03
ICD Code
Describe Injury: EVENT DESCRIPTION * INJ R SHOULDER WHEN LIFTING OF LEAF BAGS

Working:
Occupation: TRUCK DRIVER
Date of Birth: 1976-11-11
Gender: MALE
Home Phone: (908)523-7320
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 216 EAST 8TH AVENUE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BORO OF ROSELLE

Phone Number: 908-259-3029
Contact: GLORI ANN GUELL
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? NO
What hours does patient work? 5:30AM ? 2PM

Referring Doctor

First Name: DR. C. J.
Last Name: SPAGNUOLA
Practice Name: SEAVIEW ORTHO
Phone Number: 609-495-1888
Email Address:
Fax: 609-662-4467
Address 1: 294 APPLGARTH RD. STE C
Address 2:
City: MONROE TWP.
State: NJ
Zip: 08831
Did patient have surgery? NO
Surgery Date:
DX: STRAIN OF ROTATOR CUFF OF RIGHT SHOULDER. IMPINGEMENT S
Body Parts: RT. SHOULDER
of Auth visits: 9
Freq/Duration: 3X/WK X 3WKS
Script: YES
Follow-up MD: 2024-06-12

Special Instructions

Special Instructions: BELONGS TO LUCIA. IT'S BEEN A WHILE. HOPE THE
CONTACT IS THE SAME.