

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: EMG
First Name: ANDREW
Last Name: KERTIS
Claim Number: PJWC089840
Date of Injury: 2024-11-14
ICD Code
Describe Injury: RIGHT ARM INJURED WHILE PUSHING CART W/CHAIRS INTO ELEVATOR

Working: YES
Occupation: ASSISTANT HELPER
Date of Birth: 1965-12-01
Gender: MALE
Home Phone: (201)519-5572
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 270 DEGRAW AVE
Address 2:
City: TEANECK
State: NJ
Zip: 07666
Preferred Language:

Employee

Company: TWP OF TEANECK

Phone Number:

Contact:

Address 1: 818 TEANECK ROAD

Address 2:

City: TEANECK

State: NJ

Zip: 07666

PT - Schedule during work hours? NO

What hours does patient work? 2:15PM-11:30PM & FRI/SAT 7AM-4:15PM

Referring Doctor

First Name: ANDREW

Last Name: KERTIS

Practice Name: DENNIS J. PRISTERER

Phone Number: 201-836-1663

Email Address:

Fax: 201-836-5729

Address 1: 870 PALISADES AVENUE

Address 2:

City: TEANECK

State: NJ

Zip: 07666

Did patient have surgery? NO

Surgery Date:

DX: RIGHT CARPAL AND CUBITAL TUNNEL SYNDROME. RIGHT LATERAL

Body Parts: RT. UPPER EXTREMITY

of Auth visits:

Freq/Duration:

Script: YES

Follow-up MD: 2025-01-10

Special Instructions

Special Instructions: BELONGS TO LUCIA