

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: MRI
First Name: LUIS
Last Name: PEREZ
Claim Number: PJWC088150
Date of Injury: 2024-06-04
ICD Code
Describe Injury: INJ R WRIST WHEN DEALING WITH AN EDP
Working: YES
Occupation: POLICE
Date of Birth: 1978-03-17
Gender: MALE
Home Phone: (848) 219-3990
Cell Phone: (732)442-4400
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 4 SEVENTH STREET
Address 2:
City: ABERDEEN
State: NJ
Zip: 07747
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 7328262010

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 07960
PT - Schedule during work hours?
What hours does patient work? 7:30AM ? 5:30PM

Referring Doctor

First Name: ARTHUR
Last Name: VASEN
Practice Name: SEAVIEW ORTHO
Phone Number: 732-462-1700
Email Address:
Fax: 732-303-8314
Address 1: 222 SCHANCK RD
Address 2: STE. 300
City: FREEHOLD
State: NJ
Zip: 07728
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION
Body Parts: RT. HAND
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-12-13

Special Instructions

Special Instructions: BELONGS TO LUCIA