

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** MRI  
**First Name:** GEZIM  
**Last Name:** ISMAILOVSKI  
**Claim Number:** PVS083381  
**Date of Injury:** 2023-04-03  
**ICD Code**  
**Describe Injury:** PVS083381  
**Working:** YES  
**Occupation:** SEWER WORKER  
**Date of Birth:** 1976-05-05  
**Gender:** MALE  
**Home Phone:** (973)805-0966  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 108 CORABELLE AVE.  
**Address 2:**  
**City:** LODI  
**State:** NJ  
**Zip:** 07644  
**Preferred Language:**

## Employee

**Company:** PASSAIC VALLEY SEWERAGE COMMISSION  
**Phone Number:** 973-817-5695

**Contact:** CHRISTINE CATENARO  
**Address 1:** 600 WILSON AVENUE  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7A TO 3:30P

## Referring Doctor

**First Name:** RICHARD  
**Last Name:** NACHWALTER  
**Practice Name:** ATLANTIC SPINE SPECIALISTS  
**Phone Number:** 973-971-3500  
**Email Address:**  
**Fax:** 973-683-0016  
**Address 1:** 131 MADISON AVENUE  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?**  
**Surgery Date:** 2023-08-22  
**DX:** S/P FAR LATERAL DISCECTOMY  
**Body Parts:** LUMBAR  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-09-06

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA.  
REQUESTS MRI TO BE SCHEDULED AT LOCATION BELOW  
AS SOON AS POSSIBLE.  
NJIN OF HACKENSACK  
385 PROSPECT AVE  
1ST FLOOR  
HACKENSACK, NJ 07601