

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** DOMINIQUE  
**Last Name:** FORGIONE  
**Main Phone:** 973-940-1851  
**Ext.:** 235  
**Fax:** 973-940-1852  
**Email Address** DFORGIONE@RISKSOLUTIONS.COM

## Claimant

**Request:** CT  
**First Name:** DONTAY  
**Last Name:** PAYNE  
**Claim Number:** PJWC081991-02  
**Date of Injury:** 2022-11-16  
**ICD Code** S06.360A  
**Describe Injury:**

**Working:** NO  
**Occupation:** DPW DRIVER  
**Date of Birth:** 1989-03-05  
**Gender:** MALE  
**Home Phone:** (908)275-3365  
**Cell Phone:** (908)257-1254  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1100 MORRIS STREET  
**Address 2:**  
**City:** ROSELLE  
**State:** NJ  
**Zip:** 07203  
**Preferred Language:**

## Employee

**Company:** BOROUGH OF ROSELLE  
**Phone Number:** (908) 241-2014

**Contact:** KHEESHA WALLS  
**Address 1:** 210 CHESTNUT STREET  
**Address 2:**  
**City:** ROSELLE  
**State:** NJ  
**Zip:** 07203  
**PT - Schedule during work hours?**  
**What hours does patient work?**

## Referring Doctor

**First Name:** DR. GREGORY S.  
**Last Name:** GALLICK, MD  
**Practice Name:** DR. GREGORY GALLICK  
**Phone Number:** 908-686-6665  
**Email Address:**  
**Fax:** 908-687-7507  
**Address 1:** 2780 MORRIS AVE  
**Address 2:** SUITE 2-C  
**City:** UNION  
**State:** NJ  
**Zip:** 07083  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:**  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2022-12-06

## Special Instructions

**Special Instructions:**