

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: PT
First Name: PAMELA
Last Name: MCLUCAS
Claim Number: HST089627
Date of Injury: 2024-10-21
ICD Code
Describe Injury: INJ MULT BODY WAS CHECKING BACK CAR RADIO, SLIPPED OFF THE CURB & FELL

Working: NO
Occupation: POLICE
Date of Birth: 1977-02-14
Gender: FEMALE
Home Phone: (908) 686-6157
Cell Phone: (908)553-5677
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 CHESTNUT ST
Address 2:
City: LIVINGSTON
State: NJ
Zip: 07039
Preferred Language:

Employee

Company: HILLSIDE TWP

Phone Number: 9739263002 EXT333
Contact: HOPE SMITH
Address 1: 1409 LIBERTY AVENUE
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
PT - Schedule during work hours?
What hours does patient work? 7AM ? 5:45PM

Referring Doctor

First Name: CHARLES
Last Name: GATTO
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 9735380900
Email Address:
Fax: 9735380909
Address 1: 160 E. HANOVER AVE. STE.201
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: STRAIN/RADICULOPATHY
Body Parts: LUMBAR
of Auth visits: 12
Freq/Duration: 3X/WK X 4WKS
Script:
Follow-up MD: 2025-01-10

Special Instructions

Special Instructions: BELONGS TO LUCIA