

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: CHRISTOPHER
Last Name: KUPCHAK
Claim Number: PJWC089072
Date of Injury: 2024-08-28
ICD Code
Describe Injury: INJ BACK FELT A SHARP PAIN ,WHILE LIFTING A LOG
Working: NO
Occupation: TRUCK DRIVER
Date of Birth: 1986-09-09
Gender: MALE
Home Phone: (908)217-3055
Cell Phone: (908)456-4106
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 321 EAST 4TH AVENUE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BORO OF ROSELLE
Phone Number: 908-245-2920

Contact: GLORI ANN GUELL
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? NO
What hours does patient work? 7:30AM ? 9AM & 2PM-3:30PM

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 9083647801
Email Address:
Fax: 908-222-2757
Address 1: 1450 ROUTE 22 WEST
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: PAIN, SPRAIN
Body Parts: LUMBAR
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-11-01

Special Instructions

Special Instructions: BELONGS TO LUCIA