

# 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:** PT  
**First Name:** RAMIZ  
**Last Name:** KLOBOCISTA  
**Claim Number:** PJWC088394  
**Date of Injury:** 2024-06-20  
**ICD Code**  
**Describe Injury:** INJ BACK WHILE ENGAGED IN FIRE SUPPRESSION OPERATIONS  
**Working:** NO  
**Occupation:** FIRE FIGHTER  
**Date of Birth:** 1973-02-21  
**Gender:** MALE  
**Home Phone:** (732)598-0127  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 235 JACKSON MILLS ROAD  
**Address 2:**  
**City:** FREEHOLD  
**State:** NJ  
**Zip:** 07728  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** 7323243501

**Contact:** EDWARD MULLEN  
**Address 1:** 375 NEW BRUNSWICK AVE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 7PM TO 7PM

## 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?**  
**Surgery Date:** 2024-08-06  
**DX:** LEFT L4-5 FORAMINAL AND FAR LATERAL DISC HERNIATION WITH  
**Body Parts:** LUMBAR  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2024-10-08

## Special Instructions

**Special Instructions:** EXAMINEE WOULD LIKE TO GO TO JAG ONE PT FACILITY.