

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: MRI
First Name: GREGORY
Last Name: CRUZ
Claim Number: PJWC084610
Date of Injury: 2023-07-23
ICD Code
Describe Injury: INJ BACK & NECK WHILE PATROLLING A VEHICLE STRUCK HIM FROM BEHIND

Working: YES
Occupation: POLICE
Date of Birth: 1998-06-18
Gender: MALE
Home Phone: (908)342-1714
Cell Phone: (732)442-0008
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 309 DORSEY STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 7323243832
Contact:
Address 1: 365 NEW BRUNSWICK AVE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 5PM-3AM

Referring Doctor

First Name: CHARLES
Last Name: GATTO
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 9735380900
Email Address:
Fax: 973-538-0909
Address 1: 160 E. HANOVER AVENUE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: LUMBAR
of Auth visits:
Freq/Duration:
Script:
Follow-up MD: 2024-07-26

Special Instructions

Special Instructions: BELONGS TO LUCIA