

# 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:** ALESSANDRO  
**Last Name:** ALVES  
**Claim Number:** PVS082811  
**Date of Injury:** 2023-02-07  
**ICD Code**

### Describe Injury:

**Working:** NO  
**Occupation:** MECHANIC  
**Date of Birth:** 1984-09-28  
**Gender:** MALE  
**Home Phone:** (973)803-1295  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**

### Alternate Phone:

### Alt. Phone Description:

### Email Address:

**Address 1:** 6 SILVIA PLACE  
**Address 2:**  
**City:** NORTH ARLINGTON  
**State:** NJ  
**Zip:** 07031  
**Preferred Language:**

## Employee

**Company:** PASSAIC VALLEY SEWERAGE COMMISSION  
**Phone Number:** 973-817-5695

**Contact:** CHRISTINE CATENARO  
**Address 1:** 600 WILSON AVENUE  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 7A TO 3:30P

## Referring Doctor

**First Name:** RICHARD  
**Last Name:** NACHWALTER  
**Practice Name:** ATLANTIC SPINE SPECIALISTS  
**Phone Number:** 973-971-3500  
**Email Address:**  
**Fax:** 973-683-0016  
**Address 1:** 131 MADISON AVENUE  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?**  
**Surgery Date:** 2023-03-28  
**DX:** LUMBAR DISC HERNIATION. 2 WKS S/P DISCECTOMY  
**Body Parts:** LUMBAR  
**# of Auth visits:** 8  
**Freq/Duration:** 2X/WK X 4WKS  
**Script:** YES  
**Follow-up MD:** 2023-05-08

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA