

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401850  
**Ext.:** 241  
**Fax:** 9739401851  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** EMG  
**First Name:** EMERSON  
**Last Name:** THOMAS  
**Claim Number:** GSCR083521  
**Date of Injury:** 2024-03-01  
**ICD Code**  
**Describe Injury:** INJ R SHOULDER/BACK WHEN LIFTING CAN INTO TRUCK  
**Working:** YES  
**Occupation:** DRIVER  
**Date of Birth:** 1972-10-24  
**Gender:** MALE  
**Home Phone:** (908)463-6932  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 916 BACHELLER AVE  
**Address 2:**  
**City:** LINDEN  
**State:** NJ  
**Zip:** 07036  
**Preferred Language:**

## Employee

**Company:** CITY OF RAHWAY  
**Phone Number:**

**Contact:**  
**Address 1:** ONE CITY HALL PLAZA  
**Address 2:**  
**City:** RAHWAY  
**State:** NJ  
**Zip:** 07065  
**PT - Schedule during work hours?**  
**What hours does patient work?** 8A TO 3P

## Referring Doctor

**First Name:** CHARLES  
**Last Name:** GATTO  
**Practice Name:** THE ADVANCED SPINE CENTER  
**Phone Number:** 973-538-0900  
**Email Address:**  
**Fax:** 973-538-0909  
**Address 1:** 160 E. HANOVER AVE. STE.201  
**Address 2:**  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** YES  
**Surgery Date:** 2024-05-07  
**DX:** AIN LEFT LE RADICULOAPTHY  
**Body Parts:** LOWER EXTREMITY  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-06-25

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA. I ONLY HAD THE ADDRESS OF THE CITY.