

# 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:** RANDALL  
**Last Name:** DEMARK  
**Claim Number:** IWC084948  
**Date of Injury:** 2023-08-19  
**ICD Code**  
**Describe Injury:** INJ LOWER BACK WHEN ESCORTING AN ARRESTEE INTO THE BUILDING  
  
**Working:** YES  
**Occupation:** POLICE OFFICER  
**Date of Birth:** 1995-09-24  
**Gender:** MALE  
**Home Phone:** (908)914-2392  
**Cell Phone:** (973)398-6600  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 263 US HWY 46  
**Address 2:**  
**City:** OXFORD  
**State:** NJ  
**Zip:** 07863  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 610-283-4375  
**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?**  
**What hours does patient work?** 4:45PM-4:00AM

## Referring Doctor

**First Name:** RYAN  
**Last Name:** CASSILLY  
**Practice Name:** GARDEN STATE ORTHO  
**Phone Number:** 201-791-4434  
**Email Address:**  
**Fax:** 201-791-9377  
**Address 1:** 28-04 BROADWAY  
**Address 2:**  
**City:** FAIR LAWN  
**State:** NJ  
**Zip:** 07410  
**Did patient have surgery?**  
**Surgery Date:**  
**DX:** STRAIN  
**Body Parts:** LUMBAR  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-10-09

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA