

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, CT
First Name: KEITH
Last Name: BIERWISCH
Claim Number: IWC073411-01
Date of Injury: 2020-11-10
ICD Code
Describe Injury: INJ R FOOT AND LOWER BACK, WHILE STRETCHING THE LINE TO SUPPRESS FIRE TRIPPED AND FELL BACKWARDS
Working: YES
Occupation: FIREFIGHTER
Date of Birth: 1964-06-18
Gender: MALE
Home Phone: INJ R FOOT AND LOWER BACK, WHILE STRETCHING THE LINE TO S
Cell Phone: (908)577-1901
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 CULVER STREET
Address 2:
City: SOMERVILLE
State: NJ
Zip: 08876
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? 7:30A TO 7:30A

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?
Surgery Date: 2023-06-27
DX: RT S1 TRANS EP INJ
Body Parts: LUMBAR
of Auth visits:
Freq/Duration:
Script:
Follow-up MD: 2023-07-28

Special Instructions

Special Instructions: BELONGS TO CAROLINA