

# 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:** EDWIN  
**Last Name:** DIAZ  
**Claim Number:** IWC076228  
**Date of Injury:** 2021-07-27  
**ICD Code**  
**Describe Injury:** INJ MULTIPLE BODY PARTS, STRUCK BY SALT TRUCK, FELL OVER GUARDRAIL ONTO CONCRETE GROUND

**Working:** YES  
**Occupation:** SUPERINTENDENT  
**Date of Birth:** 1965-11-04  
**Gender:** MALE  
**Home Phone:** (973)399-6701  
**Cell Phone:** (862)324-0090  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 76 RUTGERS STREET  
**Address 2:**  
**City:** MAPLEWOOD  
**State:** NJ  
**Zip:** 07040  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 610-283-4375  
**Contact:** CHRISTIE KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 7:30A TO 4P

## Referring Doctor

**First Name:** DAVID  
**Last Name:** DIAZ  
**Practice Name:** TRI COUNTY ORTHO  
**Phone Number:** 973-538-2334 EXT. 143  
**Email Address:**  
**Fax:** 973-585-5706  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?** YES  
**Surgery Date:** 2022-09-29  
**DX:** S/P RIGHT KNEE ARTHROSCOPY  
**Body Parts:** RT. KNEE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2022-11-21

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA