

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: VESTIBULAR
First Name: JEANETTE
Last Name: JORDAN-GAFFNEY
Claim Number: PLB079478
Date of Injury: 2022-04-07
ICD Code
Describe Injury: INJ R EAR, A STUDENT IN CLASSROOM, SCREAMED VERY LOUDLY NEAR EE

Working: YES
Occupation: TEACHER
Date of Birth: 1973-07-16
Gender: FEMALE
Home Phone: (908)769-7485
Cell Phone: (908)499-2319
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 607 HUNTINGTON AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact:
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 8A TO 3:05P

Referring Doctor

First Name: ROBERT
Last Name: PARK
Practice Name: ENT GROUP OF CENTRAL NJ
Phone Number: 732-205-1311
Email Address:
Fax: 732-203-9648
Address 1: 2124 OAK TREE RD
Address 2: `2ND FLOOR
City: EDISON
State: NJ
Zip: 08820
Did patient have surgery? NO
Surgery Date:
DX: VESTIBULAR DYSFUNCTION
Body Parts: EARS
of Auth visits: 22
Freq/Duration: 2XWK X 11 WKS
Script: YES
Follow-up MD: 2023-06-23

Special Instructions

Special Instructions: BELONGS TO CAROLINA