

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: LYNETTE
Last Name: FLOOD
Claim Number: IWC085644
Date of Injury: 2023-10-16
ICD Code
Describe Injury: INJ R/L HAND & BACK WHEN CROSSING 2 LADIES,WAS HIT BY A CAR

Working: NO
Occupation: CROSSING GUARD
Date of Birth: 1975-03-19
Gender: FEMALE
Home Phone: (908)427-2295
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 152 NORMAN RD
Address 2: APT 2L
City: NEWARK
State: NJ
Zip: 07106
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? 730AM- 915AM THEN 230PM -415PM

Referring Doctor

First Name: DOUGLAS
Last Name: HOLDEN
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? NO
Surgery Date:
DX: DORSALGIA, OTHER DORSALGIA, LOW BACK PAIN, PAIN IN THORAC
Body Parts: LUMBAR
of Auth visits: 9
Freq/Duration: 3X/WK X 3WKS
Script: YES
Follow-up MD: 2023-12-11

Special Instructions

Special Instructions: HELLO THERE
BELONGS TO CAROLINA