

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9089401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: PAMELA
Last Name: MCLUCAS
Claim Number: HST089627
Date of Injury: 2024-10-21
ICD Code
Describe Injury: INJ MULT BODY WAS CHECKING BACK CAR RADIO, SLIPPED OFF THE CURB & FELL

Working: YES
Occupation: POLICE
Date of Birth: 1977-02-14
Gender: FEMALE
Home Phone: (908) 686-6157
Cell Phone: (908) 553-5677
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 CHESTNUT ST
Address 2:
City: LIVINGSTON
State: NJ
Zip: 07039
Preferred Language:

Employee

Company: HILLSIDE TWP

Phone Number: 973-926-3002 X 333
Contact: HOPE SMITH
Address 1: 1409 LIBERTY AVENUE
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
PT - Schedule during work hours?
What hours does patient work? 7AM ? 5:45PM

Referring Doctor

First Name: DAVID
Last Name: EPSTEIN
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-538-2334
Email Address:
Fax: 908-234-2022
Address 1: 197 RIDGEDALE AVE.
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: RT. ANKLE
of Auth visits: 12
Freq/Duration: 3X/WK X 4WKS
Script: YES
Follow-up MD: 2024-10-30

Special Instructions

Special Instructions: BELONGS TO LUCIA