

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 9739401852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** SANDRA  
**Last Name:** SHRUBY  
**Claim Number:** MT086023  
**Date of Injury:** 2023-11-14  
**ICD Code**  
**Describe Injury:** INJ R KNEE EE HIT IT WHEN COMING OUT THE DOOR  
**Working:** NO  
**Occupation:** CLERK  
**Date of Birth:** 1954-04-29  
**Gender:** FEMALE  
**Home Phone:** (201)887-9217  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 114 FRANKLIN STREET  
**Address 2:** APT. 3D1  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Preferred Language:**

## Employee

**Company:** TOWN OF MORRISTOWN  
**Phone Number:** 973-292-6627

**Contact:** SHANAE GREEN

**Address 1:** 200 SOUTH ST.

**Address 2:**

**City:** MORRISTOWN

**State:** NJ

**Zip:** 07960

**PT - Schedule during work hours?**

**What hours does patient work?** 8:30 ? 1:30PM MON/TUES/WED & THURS 8:30-12:

## Referring Doctor

**First Name:** ANTHONY

**Last Name:** CICALSE PA-C

**Practice Name:** TRI-COUNTY ORTHO

**Phone Number:** 973-267-6882

**Email Address:**

**Fax:** 908-234-2022

**Address 1:** 1590 ROUTE 206

**Address 2:** STE C

**City:** BEDMINSTER

**State:** NJ

**Zip:** 07921

**Did patient have surgery?**

**Surgery Date:** 2024-08-30

**DX:** RIGHT TKR

**Body Parts:** RT. KNEE

**# of Auth visits:** 36

**Freq/Duration:** 3X/WK X 12WKS

**Script:** YES

**Follow-up MD:** 2024-10-08

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA