

Referral

Submitter

Company Name:

First Name:

Last Name:

Main Phone:

Ext.:

Fax:

Email Address

Claimant

Request: XR

First Name: ERNIE

Last Name: MARTINEZ

Claim Number: PVS074253

Date of Injury: 2021-01-28

ICD Code

Describe Injury: INJ R WRIST (TWISTED), WHILE GATTERING HIS TOOLS TO PUT AWAY, AFTER BEING DONE WITH THE JOB, HE STEPPED ON THE OIL HOSE AND SLIPPED. WHEN HE SLIP HE PUT HIS HAND OUT ON THE BASE OF THE HIGH PRESSURE PUMP

Working: YES

Occupation: MECHANIC

Date of Birth: 1964-11-21

Gender:

Home Phone: 2012383557

Cell Phone:

Work Phone:

Ext.:

Alternate Phone:

Alt. Phone Description:

Email Address:

Address 1: 161 NORTH 16TH STREET

Address 2:

City: BLOOMFIELD

State: NJ

Zip: 07003

Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE
Phone Number: 973-817-5695
Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVENUE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours? NO
What hours does patient work? 5A TO 1P

Referring Doctor

First Name: ROMAN
Last Name: ISAAC
Practice Name: HUDSON PRO ORTHO & SPORTS MEDICINE
Phone Number: 973-538-5200
Email Address:
Fax: 973-538-9762
Address 1: 131 MADISON AVENUE
Address 2: 3RD FLOOR
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? YES
Surgery Date: 2022-09-06
DX: S/P WRIST TOTAL FUSION
Body Parts: RT. WRIST
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2022-10-31

Special Instructions

Special Instructions: BELONGS TO CAROLINA