

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: MRI
First Name: TIMOTHY
Last Name: WOODY
Claim Number: PLB088893
Date of Injury: 2024-08-07
ICD Code
Describe Injury: INJ HEAD AND BACK WHILE STRIPPING THE FLOOR SLIPPED & FELL
Working: NO
Occupation: CUSTODIAN
Date of Birth: 1978-07-12
Gender: MALE
Home Phone: (908) 755-3931
Cell Phone: (908)274-9861
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 721 KENSINGTON AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 2PM-11PM

Referring Doctor

First Name: VINAY
Last Name: CHOPRA
Practice Name: GENESIS ORTHOPAEDIC AND SPINE
Phone Number: 908-588-2311
Email Address:
Fax: 908-274-9861
Address 1: 116 S. EUCLID AVE
Address 2:
City: WESTFIELD
State: NJ
Zip: 07090
Did patient have surgery? NO
Surgery Date:
DX: RADICULOPATHY
Body Parts: NECK.LUMBAR
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-09-26

Special Instructions

Special Instructions: BELONGS TO CAROLINA