

# Referral

## Submitter

**Company Name:** D & H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 973-940-1851  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** LUCESITAV700@GMAIL.COM

## Claimant

**Request:** WH  
**First Name:** STEPHEN  
**Last Name:** HEDBERG  
**Claim Number:**  
**Date of Injury:** 2022-10-07  
**ICD Code** ICDCODE  
**Describe Injury:** INJ R HAND, WHILE ATTEMPTING TO RESTRAIN ASUSPECT WHO WAS RESISTING

**Working:** NO  
**Occupation:** FORMER POLICE OFFICER  
**Date of Birth:** 2022-10-13  
**Gender:** MALE  
**Home Phone:** (732) 910-4132  
**Cell Phone:** (732) 910-4  
**Work Phone:** (732) 910  
**Ext.:** YY  
**Alternate Phone:**(732) 4  
**Alt. Phone Description:**(732) 6666666  
**Email Address:** AMONTGOMERY@RISKSOLUTIONS.COM  
**Address 1:** 12 BRUCE PLACE  
**Address 2:**  
**City:** RUMSON  
**State:** NJ  
**Zip:** 07760  
**Preferred Language:** ENGLISH

## Employee

**Company:** CITY OF PERTH AMBOY

**Phone Number:** 732-826-0290 EXT 4010  
**Contact:** MARIA RIVERA  
**Address 1:** 260 HIGH STREET  
**Address 2:** 260 HIGH STREET 2  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 10PM TO 8AM

## Referring Doctor

**First Name:** ROMAN  
**Last Name:** ISAAC  
**Practice Name:** HUDSON PRO ORTHO AND SPORTS MEDICINES  
**Phone Number:** 973-538-5200  
**Email Address:** AMONTGOMERY@RISKSOLUTIONS.COM  
**Fax:** 973-538-9762  
**Address 1:** 2333 MORRIS AVENUE  
**Address 2:** STE B107  
**City:** UNION  
**State:** NJ  
**Zip:** 07083  
**Did patient have surgery?** NO  
**Surgery Date:** 2022-10-13  
**DX:** PAIN  
**Body Parts:** RT. HAND/ 4TH AND 5TH MCP  
**# of Auth visits:** VISIT  
**Freq/Duration:** DURATION  
**Script:** NO  
**Follow-up MD:** 2022-10-05

## Special Instructions

**Special Instructions:** THIS CLAIM BELONGS TO ME THIS CLAIM BELONGS TO ME  
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