

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT, MRI
First Name: DARRELL
Last Name: LEWIS
Claim Number: IWC085775-01
Date of Injury: 2023-10-27
ICD Code
Describe Injury: INJ HEAD WAS PULLING OVER TO LET AN ON COMING CAR PASS, STRUCK BY VEHICLE

Working: YES
Occupation: POLICE
Date of Birth: 1980-01-17
Gender: MALE
Home Phone: (973)570-0411
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 24 LAFAYETTE AVENUE
Address 2:
City: SUMMIT
State: NJ
Zip: 07901
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 6102834375
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 4:45PM ? 4AM

Referring Doctor

First Name: VINAY
Last Name: CHOPRA
Practice Name: GENESIS
Phone Number: 973-434-9575
Email Address:
Fax: 973-434-9578
Address 1: 300 EXECUTIVE DR.STE. 110
Address 2:
City: WEST ORANGE
State: NJ
Zip: 07052
Did patient have surgery? NO
Surgery Date:
DX: CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, VESTIBULAR D
Body Parts: CERVICAL
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-05-22

Special Instructions

Special Instructions: BELONGS TO CAROLINA