

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** RAJOHN  
**Last Name:** MANN  
**Claim Number:** PLB082866  
**Date of Injury:** 2023-02-09  
**ICD Code**  
**Describe Injury:** INJ R SHOULDER WHILE BREAKING UP FIGHT BTW STUDENT AND PARENT  
**Working:** YES  
**Occupation:** SECURITY GUARD  
**Date of Birth:** 1975-03-31  
**Gender:** MALE  
**Home Phone:** (908) 361-6163  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 26 ROMNEY ROAD  
**Address 2:**  
**City:** BOUND BROOK  
**State:** NJ  
**Zip:** 08905  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BD OF ED

**Phone Number:** 9087314325  
**Contact:** LINDA SMITH  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7:30A TO 3P

## Referring Doctor

**First Name:** ANTHONY  
**Last Name:** TARASENKO  
**Practice Name:** CONCENTRA  
**Phone Number:** 908-757-1424  
**Email Address:**  
**Fax:** 908-757-5678  
**Address 1:** 116 CORPORATE BLVD  
**Address 2:** STE. E  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** SPRAIN  
**Body Parts:** RT. SHOULDER  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2023-02-28

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA