

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401850  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** ANDRE  
**Last Name:** CRAWFORD  
**Claim Number:** PLB085104  
**Date of Injury:** 2023-09-06  
**ICD Code**  
**Describe Injury:** INJ L SHOULDER HURRYING INTO VEHICLE, WHEN A CAR WAS COMING AT FULL SPEED  
**Working:** YES  
**Occupation:** RESIDENCY OFFICER  
**Date of Birth:** 1964-06-19  
**Gender:** MALE  
**Home Phone:** (908)672-3170  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 19 MELROSE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07106  
**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?**  
**What hours does patient work?** 8:00-3:05

## Referring Doctor

**First Name:** JEFFREY  
**Last Name:** WARSHAUER  
**Practice Name:** INFINITY ORTHO  
**Phone Number:** 908-364-7801  
**Email Address:**  
**Fax:** 908-222-2757  
**Address 1:** 1450 ROUTE 22 WEST  
**Address 2:**  
**City:** MOUNTAINSIDE  
**State:** NJ  
**Zip:** 07105  
**Did patient have surgery?** YES  
**Surgery Date:** 2024-04-10  
**DX:** SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SPRAIN  
**Body Parts:** LT. SHOULDER  
**# of Auth visits:** 12  
**Freq/Duration:** 3X/WK X 4WKS  
**Script:** YES  
**Follow-up MD:** 2024-04-29

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA