

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JENIFER
Last Name: SCHETTING
Main Phone: 973-940-1851
Ext.: 250
Fax: 973-940-1852
Email Address JSCHETTING@RISKSOLUTIONS.COM

Claimant

Request: CT
First Name: ALEXANDER
Last Name: NEMETH
Claim Number: H625611
Date of Injury: 2002-01-20
ICD Code
Describe Injury: LAMINECTOMY AND FUSION L3-L4 AND L4-L5 FUSION
CHRONIC RADICULITIS, CERVICAL FUSION WITH
RADICULOPATHY. SP01NAL CORD STIMULATOR 3 LEADS FOR
UPPER AND LOWER EXTREMITIES

Working: NO
Occupation: DIRECTOR OF PUBLIC WORKS
Date of Birth: 1943-06-12
Gender: MALE
Home Phone: (732) 244-2947
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 7 RADCLIFFE LANE
Address 2:
City: MANCHESTER
State: NJ
Zip: 08759-7301
Preferred Language: ENGLISH

Employee

Company: TOWNSHIP OF IRVINGTON
Phone Number: 973-399-8111
Contact: N/A
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? N/A - NO LONGER EMPLOYED

Referring Doctor

First Name: ANIL
Last Name: SHARMA
Practice Name: SPINE AND PAIN CENTER
Phone Number: 732-348-1180
Email Address:
Fax: 732-530-4476
Address 1: 1967 RT 34 SUITE 102
Address 2:
City: WALL
State: NJ
Zip: 07719
Did patient have surgery?
Surgery Date:
DX: LAMINECTOMY W/FUSION
Body Parts: LUMBAR
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: