

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: OT
First Name: STEVEN
Last Name: ORTIZ
Claim Number: PJWC088352-01
Date of Injury: 2024-06-19
ICD Code
Describe Injury: INJ R WRIST WHILE ARRESTING A SUSPECT WHO WAS RESISTING ARREST

Working: YES
Occupation: POLICE
Date of Birth: 1991-02-04
Gender: MALE
Home Phone: (973)558-2846
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 3810 GREENWAY BLVD
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BORO OF ROSELLE

Phone Number: 908-245-2000
Contact: BRIAN BARNES
Address 1: 210 CHESTNUT STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 8PM-630AM

Referring Doctor

First Name: PETER
Last Name: CHAN
Practice Name: HAND SURGERY SPECIALISTS
Phone Number: 908-470-4263
Email Address:
Fax: 908-470-0001
Address 1: 28 WILLIS WAY
Address 2: STE. 300
City: PISCATAWAY TWP
State: NJ
Zip: 08854
Did patient have surgery? NO
Surgery Date: 2024-07-23
DX: SCAPHOLUNATE LIGAMENT TEAR RIGHT WRIST
Body Parts: RT. WRIST
of Auth visits: 12
Freq/Duration: 3X/WK X 4WKS
Script: YES
Follow-up MD: 2024-07-30

Special Instructions

Special Instructions: BELONG TO LUCIA