

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** CAROLINA  
**Last Name:** SHELL  
**Main Phone:** 9739401851  
**Ext.:** 239  
**Fax:** 9739401852  
**Email Address** CSHELL@RISKSOLUTIONS.COM

## Claimant

**Request:** XR  
**First Name:** ANA  
**Last Name:** CONCHA-TOLEDO  
**Claim Number:** PLB089867  
**Date of Injury:** 2024-11-18  
**ICD Code** M79.673  
**Describe Injury:** INJ RT FOOT WAS WALKING OUT OF THE DOOR, MISSED A STEP & FELL SIDEWAYS

**Working:** NO  
**Occupation:** BILINGUAL COACH  
**Date of Birth:** 1962-03-15  
**Gender:** FEMALE  
**Home Phone:** (201)955-1982  
**Cell Phone:**  
**Work Phone:** (908) 731-4200  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 140 MORGAN PLACE  
**Address 2:**  
**City:** KEARNY  
**State:** NJ  
**Zip:** 07032  
**Preferred Language:** ENGLISH

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION

**Phone Number:** (908) 731-4334  
**Contact:** MICHAEL GARCIA  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?**  
**What hours does patient work?** NO WORKING

## Referring Doctor

**First Name:** RAI  
**Last Name:** KANG  
**Practice Name:** ADVANCED PAIN CARE  
**Phone Number:** 9739962990  
**Email Address:**  
**Fax:** 9082423908  
**Address 1:** 2040 MILLBURN AVE  
**Address 2:** #104  
**City:** MAPLEWOOD  
**State:** NJ  
**Zip:** 07040  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** FOOT PAIN  
**Body Parts:** RIGHT FOOT  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2025-01-03

## Special Instructions

**Special Instructions:**