

# 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:** MRI  
**First Name:** ANTHONY  
**Last Name:** AROCHO  
**Claim Number:** PJWC087719  
**Date of Injury:** 2024-04-19  
**ICD Code**  
**Describe Injury:** INJ L ELBOW WHEN PULLING A DUMMY DURING TRAINING, EE TRIPPED  
  
**Working:** NO  
**Occupation:** FIRE FIGHTER  
**Date of Birth:** 1996-01-22  
**Gender:** MALE  
**Home Phone:** (732)485-1934  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 304 PADEREWSKI AVE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY

**Phone Number:** 973-826-2010  
**Contact:** EDWARD MULLEN  
**Address 1:** 375 NEW BRUNSWICK AVE  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 6:30AM ? 6:30AM

## Referring Doctor

**First Name:** ANDREW  
**Last Name:** WILLIS  
**Practice Name:** TRI COUNTY ORTHO  
**Phone Number:** 973-538-2334  
**Email Address:**  
**Fax:** 973-267-6882  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** POSTERIOR INSTABILITY, PAIN  
**Body Parts:** LT. SHOULDER  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-08-23

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA