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:
First Name: MAGALIZ
Last Name: GONZALEZ
Claim Number: PJWC085751
Date of Injury: 2023-10-19
ICD Code
Describe Injury: INJ R ARM/SHOULDER WHILE REMOVING BOX FROM TOP FILE CABINET DRAWER

Working: YES
Occupation: OFFICE CLERK
Date of Birth: 1962-01-25
Gender: FEMALE
Home Phone: (732)829-0405
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 5302 BRISTOL STATION CT.
Address 2:
City: CARTERET
State: NJ
Zip: 07008
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 7328262010
Contact: ELENA ROSARIO
Address 1:
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours?
What hours does patient work? 7:30AM-3:30PM

Referring Doctor

First Name: ANDREW
Last Name: WILLIS
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-538-2334
Email Address:
Fax: 973-538-6498
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State NJ
Zip: 07927
Did patient have surgery? YES
Surgery Date: 2024-10-22
DX: S/P RIGHT SHOULDER ARTHROSCOPY, EXTENSIVE DEBRIDEMENT C
Body Parts: RT. SHOULDER
# of Auth visits: 36
Freq/Duration: 3X/WK X 12WKS
Script: YES
Follow-up MD: 2024-12-17

Special Instructions

Special Instructions: BELONGS TO LUCIA