

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: PT, MRI
First Name: RAMIZ
Last Name: KLOBOCISTA
Claim Number: PJWC088394
Date of Injury: 2024-06-20
ICD Code
Describe Injury: INJ BACK WHILE ENGAGED IN FIRE SUPPRESSION OPERATIONS
Working: YES
Occupation: FIREFIGHTER
Date of Birth: 1973-02-21
Gender: MALE
Home Phone: (732)598-0127
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 235 JACKSON MILLS ROAD
Address 2:
City: FREEHOLD
State: NJ
Zip: 07728
Preferred Language:

Employee

Company: PERTH AMBOY
Phone Number: 732-324*3500

Contact: CHIEF MULLEN
Address 1: 375 NEW BRUNSWICK AVE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 7A TO 7A

Referring Doctor

First Name: GRIGORY
Last Name: GOLDBERG
Practice Name: SEAVIEW ORTHO
Phone Number: 732-462-1700
Email Address:
Fax: 732-303-8314
Address 1: 222 SCHANCK RD
Address 2: STE. 300
City: FREEHOLD
State: NJ
Zip: 07728
Did patient have surgery? NO
Surgery Date:
DX: LUMBAR RADICULOPATHY, SPRAIN OF LIGAMENTS OF LUMBAR SP
Body Parts: LUMBAR
of Auth visits: 9
Freq/Duration: 3X/WK X 3WKS
Script: YES
Follow-up MD: 2024-07-12

Special Instructions

Special Instructions: BELONGS TO LUCIA. NOT SURE ABOUT THE WORKING HOURS. 7A WAS ALL I SAW ON THE PAPERWORK.