

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** GREGORY  
**Last Name:** CRUZ  
**Claim Number:** PJWC088852-01  
**Date of Injury:** 2024-08-03  
**ICD Code**  
**Describe Injury:** INJ LOWER BACK WHEN ANOTHER VEHICLE STRUCK OFFICER'S VEHICLE  
**Working:** YES  
**Occupation:** POLICE  
**Date of Birth:** 1998-06-18  
**Gender:** MALE  
**Home Phone:** (732)442-0008  
**Cell Phone:** (908)342-1714  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 309 DORSEY STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY

**Phone Number:** 732-442-4400  
**Contact:** JOEL PUNTIEL  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?**  
**What hours does patient work?** 5PM ? 3AM

## Referring Doctor

**First Name:** CHARLES  
**Last Name:** GATTO  
**Practice Name:** THE ADVANCED SPINE CENTER  
**Phone Number:** 973-538-0900  
**Email Address:**  
**Fax:** 973-538-0909  
**Address 1:** 160 E. HANOVER AVENUE  
**Address 2:** STE. 201  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** WHIPLASH/CERVICAL STRAIN/PAIN. LOW BACK PAIN WITH BILATERAL  
**Body Parts:** CERVICAL/LUMBAR  
**# of Auth visits:** 12  
**Freq/Duration:** 3X/WK X 4WKS  
**Script:** YES  
**Follow-up MD:** 2024-09-20

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA