

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
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: 7323243500
Contact:
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? 7:30AM TO 7:30AM

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: STE C
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: LT. SHOULDER
of Auth visits: 24
Freq/Duration: 3X/WK X 8WKS
Script: YES
Follow-up MD: 2024-10-29

Special Instructions

Special Instructions: BELONGS TO LUCIA