

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: NATHANIEL
Last Name: JAMES
Claim Number: PVS083187
Date of Injury: 2023-03-10
ICD Code
Describe Injury: INJ TAILBONE WHILE GETTING OUT OF TRUCK ,FOOT SLIPPED
& EE FELL

Working:
Occupation: SEWER WORKER
Date of Birth: 1970-04-13
Gender: MALE
Home Phone: (973) 278-2098
Cell Phone: (973) 392-6592
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 5 MANOR DRIVE
Address 2:
City: NEWARK
State: NJ
Zip: 07106
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE COMMISSION

Phone Number: 973-817-5695
Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVENUE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours?
What hours does patient work? 7A TO 3:30P

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 AVE. STE.201
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: LE SENSORY RADIC
Body Parts: LUMBAR
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-04-19

Special Instructions

Special Instructions: BELONGS TO CAROLINA