

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: MRI
First Name: SHAWN
Last Name: STEWART
Claim Number: IWC082699
Date of Injury: 2023-01-30
ICD Code
Describe Injury: INJ L KNEE EE WAS STRUCK BY A VEHICLE
Working: YES
Occupation: POLICE OFFICER
Date of Birth: 2001-08-24
Gender: MALE
Home Phone: (862)213-9230
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 153 PIERSON ST.
Address 2:
City: ORANGE
State: NJ
Zip: 07050
Preferred Language:

Employee

Company: IRVINGTON TWP
Phone Number: 610-283-4375

Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 7:45PM ? 7AM

Referring Doctor

First Name: DAVID
Last Name: EPSTEIN
Practice Name:
Phone Number: 9735382334
Email Address:
Fax: 973-538-4081
Address 1: 757 ROUTE 15
Address 2:
City: LAKE HOPATCONG
State: NJ
Zip: 07849
Did patient have surgery? NO
Surgery Date:
DX: TEAR
Body Parts: LT. KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: BELONGS TO CAROLINA