

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: MONICA
Last Name: RAMOS
Claim Number: IWC080525
Date of Injury: 2022-06-29
ICD Code
Describe Injury: LEFT ANKLE AND FOOT INJURED WHEN SLIPPED ON THE STEPS

Working: YES
Occupation: LIBRARIAN
Date of Birth: 1969-03-11
Gender: FEMALE
Home Phone: (973)699-0953
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 45 BROOKDALE GARDENS
Address 2: APT. B
City:
State: BLOOMFIELD
Zip: NJ
Preferred Language: 07003

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? 9A TO 5:30PM

Referring Doctor

First Name: DAVID
Last Name: EPSTEIN
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-538-2334
Email Address:
Fax: 973-538-4081
Address 1: 197 RIDGEDALE AVE
Address 2: 3RD FLOOR
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LT. ANKLE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2022-10-28

Special Instructions

Special Instructions: BELONGS TO CAROLINA
WE HAVE REACHED OUT TO THE FACILITY FOR WITH OR
WITHOUT CONTRAST. I'M LEAVING FOR THE DAY AND
WANTED TO GET THIS THRU.