

# 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:** DONNETTE  
**Last Name:** REED  
**Claim Number:** PLB082920  
**Date of Injury:** 2023-02-16  
**ICD Code**  
**Describe Injury:** INJ R CHEEK/FACE WHEN KEEPING GROUP OF MEN AWAY, WAS HIT FROM BEHIND

**Working:** YES  
**Occupation:** TEACHER  
**Date of Birth:** 1983-04-30  
**Gender:** FEMALE  
**Home Phone:** (315)952-4386  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 71 WINTERGREEN AVE  
**Address 2:** APT. 20 E  
**City:** EDISON  
**State:** NJ  
**Zip:** 08820  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BD OF ED

**Phone Number:** 9087314325  
**Contact:** LINDA SMITH  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 8A TO 2:30P

## Referring Doctor

**First Name:** GREGORY  
**Last Name:** GALLICK  
**Practice Name:**  
**Phone Number:** 908-686-6665  
**Email Address:**  
**Fax:** 908-687-7507  
**Address 1:** 2780 MORRIS AVENUE  
**Address 2:** STE. 2C  
**City:** UNION  
**State:** NJ  
**Zip:** 07083  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** STRAIN  
**Body Parts:** NECK/RT. SHOULDER  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2023-03-23

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA