

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: DME
First Name: WILLIAM
Last Name: FISCHER
Claim Number: PJWC060642
Date of Injury: 2017-10-18
ICD Code
Describe Injury: KNEE, BACK & HIP INJURED WHEN RESPONDING TO FIRE CALL
AND ALSO FELL OVER A HOSE

Working: YES
Occupation: FIREFIGHTER
Date of Birth: 1962-05-17
Gender: MALE
Home Phone: (201)387-7325
Cell Phone: (201)723-1415
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 84 OVERLOOK DRIVE
Address 2:
City: DUMONT
State: NJ
Zip: 07628
Preferred Language:

Employee

Company: TWP OF TEANECK

Phone Number:
Contact:
Address 1: 1231 TEANECK RD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours?
What hours does patient work? 8AM TO 3:05PM

Referring Doctor

First Name: ERIK
Last Name: ZACHWIEJA
Practice Name: GARDEN STATE ORTHO
Phone Number: 2014758940
Email Address:
Fax: 2014758944
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery? NO
Surgery Date: 2024-10-17
DX: POST TRAUMATIC OSTEOARTHRITIS
Body Parts: RT. KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-10-31

Special Instructions

Special Instructions: BELONGS TO LUCIA