

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: OT
First Name: DANA
Last Name: SPINDEL
Claim Number: PJWC087748
Date of Injury: 2024-04-22
ICD Code
Describe Injury: INJ R WRIST WHILE TRYING TO RACK SERVER
Working: YES
Occupation: POLICE SUPERVISOR
Date of Birth: 1981-02-28
Gender: FEMALE
Home Phone: (732)425-0244
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 327 IRON ONE ROAD.
Address 2:
City: MANALAPAN
State: NJ
Zip: 07726
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number:

Contact: EDDIE PADILLA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? NO
What hours does patient work? 9A TO 5P

Referring Doctor

First Name: JENNIFER
Last Name: YANOW
Practice Name: JLS PAIN MANAGEMENT
Phone Number: 908-864-4212
Email Address:
Fax: 908-86-4215
Address 1: 11 MONROE ST.
Address 2:
City: BRIDGEWATER
State: NJ
Zip: 08807
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: RT. WRIST
of Auth visits: 9
Freq/Duration: 3X/WK X 3WKS
Script: YES
Follow-up MD: 2024-10-14

Special Instructions

Special Instructions: BELONGS TO LUCIA