# 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:** PT
**First Name:** KENNETH
**Last Name:** FINZI
**Claim Number:** W890820339
**Date of Injury:** 2008-08-01
**ICD Code**
**Describe Injury:** NECK, LT SHOULDER, LT RIBS, LT ELBOW, LT WRIST, LOWER BACK, MUSCULO & NERVOUS SYSTEM

**Working:** YES
**Occupation:** HEAVY EQUIPMENT OPERATOR
**Date of Birth:** 1968-10-26
**Gender:** MALE
**Home Phone:** (570)352-7142
**Cell Phone:**
**Work Phone:**
**Ext.:**
**Alternate Phone:**
**Alt. Phone Description:**
**Email Address:**
**Address 1:** 200 HIGH STREET
**Address 2:**
**City:** CRANFORD
**State:** NJ
**Zip:** 07016
**Preferred Language:**

## Employee

**Company:** HILLSIDE TWP

**Phone Number:**
**Contact:**
**Address 1:**
**Address 2:**
**City:**
**State:**
**Zip:**
**PT - Schedule during work hours?**
**What hours does patient work?** 8AM TO 4:30PM

# Referring Doctor

**First Name:** JEFFREY
**Last Name:** ABRAMS
**Practice Name:** PRINCETON ORTHO ASSOC
**Phone Number:** 609-924-8131
**Email Address:**
**Fax:** 609-924-8532
**Address 1:** 325 PRINCETON AVENUE, PRINCETON, NJ
**Address 2:**
**City:** PRINCETON
**State** NJ
**Zip:** 08540
**Did patient have surgery?** YES
**Surgery Date:** 2024-11-06
**DX:** LT. REVERSE TOTAL SHOULDER ARTHROPLASTY
**Body Parts:** LT. SHOULDER
**# of Auth visits:** 18
**Freq/Duration:** 3X/WK X 6WKS
**Script:** YES
**Follow-up MD:** 2024-11-18

# Special Instructions

**Special Instructions:** BELONGS TO LUCIA