

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: JHONNY
Last Name: FRANCO
Claim Number: PLB084043-01
Date of Injury: 2023-05-23
ICD Code
Describe Injury: INJ NECK, BACK & KNEE A SUV RAN A STOP SIGN & STRUCK THE BUS

Working: YES
Occupation: BUS DRIVER
Date of Birth: 1960-06-24
Gender: FEMALE
Home Phone: (908)966-1257
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 238 SOUTH WASHINGTON AVENUE
Address 2:
City: DUNELLEN
State: NJ
Zip: 08812
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 6A TO 930A 1P TO 4:30P

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 908-364-7801
Email Address:
Fax: 908-222-2757
Address 1: 1450 ROUTE 22 WEST
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07092
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LUMBAR, LT. SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-08-28

Special Instructions

Special Instructions: BELONGS TO CAROLINA