

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** CAROLINA  
**Last Name:** SHELL  
**Main Phone:** 9739401851  
**Ext.:** 239  
**Fax:** 9739401852  
**Email Address** CSHELL@RISKSOLUTIONS.COM

## Claimant

**Request:**  
**First Name:** JOEL  
**Last Name:** MUNDLE  
**Claim Number:** PLB083835  
**Date of Injury:** 2023-05-10  
**ICD Code**  
**Describe Injury:** INJ BACK WHILE CLOSING WINDOW, IT GOT STUCK WHILE GOING UP  
  
**Working:** YES  
**Occupation:** CUSTODIAN  
**Date of Birth:** 1979-02-27  
**Gender:** MALE  
**Home Phone:** (908)405-8453  
**Cell Phone:** (908)405-8453  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 344 ROCK AVE.  
**Address 2:**  
**City:** PISCATAWAY  
**State:** NJ  
**Zip:** 08854  
**Preferred Language:** ENGLISH

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION

**Phone Number:** 9087314200  
**Contact:**  
**Address 1:** 1200 MYRTLE ST  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:**  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 2PM TO 11PM

## Referring Doctor

**First Name:** GREGORY  
**Last Name:** GALLICK  
**Practice Name:** MD  
**Phone Number:** 9086866685  
**Email Address:**  
**Fax:**  
**Address 1:** 2780 MORRIS AVE 2C  
**Address 2:**  
**City:** UNION  
**State:** NJ  
**Zip:** 07083  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:**  
**# of Auth visits:** 6  
**Freq/Duration:** 3 X WK FOR 2 WKS  
**Script:** YES  
**Follow-up MD:** 2023-05-31

## Special Instructions

**Special Instructions:**