

# 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:** PT, DME  
**First Name:** KYLE  
**Last Name:** ALLEYNE  
**Claim Number:** IWC081849  
**Date of Injury:** 2022-11-02  
**ICD Code**  
**Describe Injury:** INJ L ANKLE,SEPARATING FEMALES FIGHTING,TRIPPED ON UNEVEN SIDEWALK  
  
**Working:** NO  
**Occupation:** DETECTIVE  
**Date of Birth:** 1987-04-20  
**Gender:** MALE  
**Home Phone:** (908)612-0709  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 59 LINDEN AVENUE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 610-283-4375  
**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 5P TO 3A

## Referring Doctor

**First Name:** DAVID  
**Last Name:** EPSTEIN  
**Practice Name:** TRI-COUNTY ORTHO  
**Phone Number:** 9735382334  
**Email Address:**  
**Fax:** 973-538-4081  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?**  
**Surgery Date:**  
**DX:** SPRAIN  
**Body Parts:** LT. FOOT/ANKLE  
**# of Auth visits:** 9  
**Freq/Duration:** 3X/WK X 3WKS  
**Script:** YES  
**Follow-up MD:** 2022-11-22

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA