

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, MRI
First Name: QUINTIN
Last Name: PONDER
Claim Number: IWC081667-01
Date of Injury: 2022-10-19
ICD Code
Describe Injury: INJ R/L SHOULDER & R KNEE, WHILE PERFORMING FIRE FIGHTER DUTIES

Working: NO
Occupation: FIRE FIGHTER
Date of Birth: 1985-03-19
Gender: MALE
Home Phone: (973)849-6864
Cell Phone: (973)652-0474
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 17 GARY LANE
Address 2:
City: WILLINGBORO
State: NJ
Zip: 08046
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 610-283-4375
Contact: CHRISTIE KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 0711
PT - Schedule during work hours?
What hours does patient work? 7:30A TO 7:30A

Referring Doctor

First Name: DOUGLAS
Last Name: HOLDEN
Practice Name: GARDEN STATE ORTHO
Phone Number: 201-475-0019
Email Address:
Fax: 973-685-9779
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LT. SHOULDER/RT. KNEE
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2022-12-12

Special Instructions

Special Instructions: BELONGS TO CAROLINA