

# 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, EMG  
**First Name:** MATTHEW  
**Last Name:** MAJKOTOSKI  
**Claim Number:** 135768885  
**Date of Injury:** 2023-02-14  
**ICD Code**  
**Describe Injury:** INJ R HAND GLOVE WAS CAUGHT IN A KINKED HOSE & BTW A RAILING  
  
**Working:** NO  
**Occupation:** FIRE FIGHTER  
**Date of Birth:** 1983-04-02  
**Gender:** MALE  
**Home Phone:** (732)669-7856  
**Cell Phone:** (908)930-6306  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 106 CAMEO PLACE  
**Address 2:**  
**City:** COLONIA  
**State:** NJ  
**Zip:** 07067  
**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?** 7A TO 4:30PM

## Referring Doctor

**First Name:** ASHLEY  
**Last Name:** IGNATIUK  
**Practice Name:** UNIVERSITY HOSPITAL  
**Phone Number:** 973-972-2400  
**Email Address:**  
**Fax:** 973-972-2988  
**Address 1:** 90 BERGEN STREET  
**Address 2:** STE 7100  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07103  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** PAIN  
**Body Parts:** RT. WRIST  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-03-09

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA