

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: BRIAN
Last Name: MANLEY
Claim Number: PVS080024
Date of Injury: 2022-05-27
ICD Code
Describe Injury: INJ LEG, EE SLIPPED & FELL WITHIN THE FACILITY
Working: NO
Occupation: SEWER WORKER
Date of Birth: 1984-05-25
Gender:
Home Phone: (201)702-9330
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 379 HICKORY STREET
Address 2:
City: KEARNY
State: NJ
Zip: 07032
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE COMMISSION
Phone Number: 973-817-5695

Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVENUE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours? NO
What hours does patient work? 2P TO 10P

Referring Doctor

First Name: SETH
Last Name: QUELER
Practice Name: GARDEN STATE ORTHO
Phone Number: 201-475-0019
Email Address:
Fax: 973-685-9779
Address 1: 925 CLIFTON AVENUE
Address 2: STE 106
City: CLIFTON
State: NJ
Zip: 07013
Did patient have surgery?
Surgery Date:
DX: LEFT ACHILLES TENDINITIS, PIAN IN LEFT KNEE, OTHER FRACTUR
Body Parts: LT. ANKLE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2022-12-05

Special Instructions

Special Instructions: BELONGS TO CAROLINA
CLOSED MRI W/OUT CONTRAST