

# 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:** ASHRAF  
**Last Name:** MANSOUR  
**Claim Number:** PVS031782  
**Date of Injury:** 1965-07-23  
**ICD Code**  
**Describe Injury:** LOWER BACK STRAINED WHEN EE WAS PICKING UP FLAT STOCK, APPX 300LBS.  
  
**Working:** YES  
**Occupation:** LABORER  
**Date of Birth:** 1965-07-23  
**Gender:** MALE  
**Home Phone:** (201) 455-2585  
**Cell Phone:** (201) 455-2585  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 100 AVENUE C  
**Address 2:**  
**City:** BAYONNE  
**State:** NJ  
**Zip:** 07002  
**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?** 8AM TO 5PM

## Referring Doctor

**First Name:** RICHARD  
**Last Name:** NACHWALTER  
**Practice Name:** ATLANTIC SPINE SPECIALISTS  
**Phone Number:** 973-971-3500  
**Email Address:**  
**Fax:** 973-683-0016  
**Address 1:** 131 MADISON AVENUE  
**Address 2:** STE. 110  
**City:** MORRISTOWN  
**State:** NJ  
**Zip:** 07960  
**Did patient have surgery?** NO  
**Surgery Date:** 2010-10-29  
**DX:** SPONSYLOSIS W/SCIATICA  
**Body Parts:** LUMBAR  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-03-31

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA  
WHEN I ENTER THE RX IT READS "ERROR NONCE  
VALIDATION!!"  
  
YOU'LL LET ME KNOW IF IT DIDN'T MAKE IT