

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: DONALD
Last Name: CLAIRE
Claim Number: GSNP081665
Date of Injury: 2022-10-12
ICD Code
Describe Injury: INJ R KNEE, WHILE INSPECTING A POOL, EE TWISTED KNEE ON UNEVEN GROUND

Working: YES
Occupation: INSPECT INSPECTOR/ZONING OFFICIAL
Date of Birth: 1966-11-28
Gender: MALE
Home Phone: (732) 859-5964
Cell Phone:
Work Phone: 732-988-5200 EXT 263
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1111 LOGAN ROAD
Address 2:
City: OCEAN TWP
State: NJ
Zip: 07712
Preferred Language:

Employee

Company: NEPTUNE TWP

Phone Number: 732-988-5200 EXT. 230
Contact: STEPHANIE OPEGAARD
Address 1: 25 NEPTUNE BLVD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours? NO
What hours does patient work? 8A TO 4P

Referring Doctor

First Name: DOROTA
Last Name: SOHAIL
Practice Name: HACKENSACK MERIDIAN OCC HEALTH
Phone Number: 732-450-2930
Email Address:
Fax: 732-450-2931
Address 1: 100 COMMONS WAY
Address 2: STE 160
City: HOLMDEL
State: NJ
Zip: 07733
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: RT. KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2022-11-01

Special Instructions

Special Instructions: BELONGS TO DOMINIQUE