

# 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:** WILLIAM  
**Last Name:** POOLE  
**Claim Number:** GSNP082863  
**Date of Injury:** 2023-02-13  
**ICD Code**  
**Describe Injury:** INJ UPPER ARM WHEN POURING BIN,THE LARGER BIN KICKED BACK FROM THE WEIGHT  
  
**Working:** NO  
**Occupation:** CUSTODIAN  
**Date of Birth:** 1968-10-08  
**Gender:** MALE  
**Home Phone:** (732) 774-4883  
**Cell Phone:** (732) 774-4883  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 503 RIDGE AVENUE  
**Address 2:**  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**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?** 2:30PM-11PM

## Referring Doctor

**First Name:** CHRISTOPHER  
**Last Name:** SPAGNUOLA  
**Practice Name:** SEAVIEW ORTHO  
**Phone Number:** 732-660-6200  
**Email Address:**  
**Fax:** 732-660-6201  
**Address 1:** 1200 EAGLE AVENUE  
**Address 2:**  
**City:** OCEAN  
**State:** NJ  
**Zip:** 07712  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** RUPTURE  
**Body Parts:** RT. ELBOW W/OUT CONTRAST  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-02-27

## Special Instructions

**Special Instructions:** BELONGS TO DOMINIQUE