

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: PT
First Name: MICHAEL
Last Name: GWIZDZ
Claim Number: ELB083591 * ANDUJAR, MARIA
Date of Injury: 2023-04-29
ICD Code
Describe Injury: INJ L ANKLE/ ROLLED WHILE WALKING DOWN FRONT STEP, EE TRIPPED

Working: NO
Occupation: FIREFIGHTER
Date of Birth: 1977-11-26
Gender: MALE
Home Phone: (908)358-5374
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 234 OKLAHOMA DR
Address 2:
City: BRICK
State: NJ
Zip: 08723
Preferred Language:

Employee

Company: HILLSIDE TWP

Phone Number: 973-926-5100 EXT. 319
Contact: DIONNE WARD
Address 1: 395 HOLLYWOOD AVE
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
PT - Schedule during work hours? NO
What hours does patient work? 7:30A TO 7:30A

Referring Doctor

First Name: SHANE
Last Name: HOWELL
Practice Name: ORTHOPAEDIC INSTITUTE BRIELLE ORTHOPAEDICS
Phone Number: 732-800-9000
Email Address:
Fax:
Address 1: 2315 HWY 34
Address 2:
City: MANASQUAN
State:
Zip: 08736
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LT ANKLE
of Auth visits: 12
Freq/Duration: 3X/WK X 3WKS
Script: YES
Follow-up MD: 2023-05-25

Special Instructions

Special Instructions: BELONGS TO ANGELA
IW IS OUT OF WORK.
CLOSER TO HOME PLEASE