

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401850  
**Ext.:** 241  
**Fax:** 201-940-1851  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** VESTIBULAR  
**First Name:** DARNESHA  
**Last Name:** HAMILTON  
**Claim Number:** IWC086299  
**Date of Injury:** 2023-12-12  
**ICD Code**  
**Describe Injury:** INJ HEAD WHILE LEAVING OUT OF THE BASEMENT, EE HIT HER HEAD

**Working:**  
**Occupation:** FIRE INSPECTOR  
**Date of Birth:** 1972-06-24  
**Gender:** FEMALE  
**Home Phone:** (862)380-1408  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 104 HEDDEN TERRACE  
**Address 2:** APT. 2B  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07108  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 610-283-4375  
**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?**  
**What hours does patient work?** 830AM-430PM M-F

## Referring Doctor

**First Name:** VINAY  
**Last Name:** CHOPRA  
**Practice Name:** GENESIS ORTHOPAEDIC AND SPINE  
**Phone Number:** 973-434-9575  
**Email Address:**  
**Fax:** 973-434-9578  
**Address 1:** 300 EXECUTIVE DRIVE  
**Address 2:** STE 110  
**City:** WEST ORANGE  
**State:** NJ  
**Zip:** 07052  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, VESTIBULAR I  
**Body Parts:** EARS  
**# of Auth visits:** 6 VISITS  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2024-01-19

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA