

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: SCARLETT
Last Name: TORREZ
Claim Number: PLB089508
Date of Injury:
ICD Code
Describe Injury: INJ RT SIDE BACK, KNEE & HIP EE LOST BALANCE & FELL OFF THE STAGE LANDED BTW 2 METAL CASES

Working: YES
Occupation: COUNSELOR
Date of Birth: 1986-03-26
Gender: FEMALE
Home Phone: (347)882-8899
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1717 W. 7TH ST.
Address 2:
City: PISCATAWAY
State: NJ
Zip: 08854
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact:
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
PT - Schedule during work hours? NO
What hours does patient work? 830AM-345PM

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name:
Phone Number: 9083647801
Email Address:
Fax: 908-222-2757
Address 1: 1450 ROUTE 22 WEST
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN/CONTUSION
Body Parts: LUMBAR/NECK
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-12-02

Special Instructions

Special Instructions: BELONGS TO CAROLINA