

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: CHRISTIAN
Last Name: MUSSNER
Claim Number: MT089711
Date of Injury: 2024-10-29
ICD Code
Describe Injury: INJ MULT BODY WHEN STEPPING ON LOOSE FLOOR GRATE & FELL IN 1' DEEP HOLE

Working: YES
Occupation: FIRE FIGHTER
Date of Birth: 1974-02-08
Gender: MALE
Home Phone: (973) 993-5772
Cell Phone: (973)534-8948
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 64 OGDEN PLACE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN

Phone Number: 973-292-6627
Contact: SHANAE GREEN
Address 1: 200 SOUTH ST.
Address 2: P.O.BOX 914
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? NO
What hours does patient work? 8AM TO 8AM

Referring Doctor

First Name: ANDREW
Last Name: WILLIS
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-538-2334
Email Address:
Fax: 973-267-6882
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION/PAIN
Body Parts: RT. ELBOW
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-12-27

Special Instructions

Special Instructions: BELONGS TO LUCIA