

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: EDWIN
Last Name: VELASCO
Claim Number: IWC086198-02
Date of Injury: 2023-12-03
ICD Code
Describe Injury: INJ R KNEE AT FIRE SCENE,STRETCHING LINE IT GOT STUCK UNDER TIRE & EE SLIPPED

Working: YES
Occupation: FIRE FIGHTER
Date of Birth: 1974-07-31
Gender: MALE
Home Phone: (973)376-8129
Cell Phone: (973)769-8326
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 61 PARK LANE
Address 2:
City: SPRINGFIELD
State: NJ
Zip: 07081
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 6102834375
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 7A TO 7AM

Referring Doctor

First Name: ERIK
Last Name: ZACHWIEJA
Practice Name: GARDEN STATE ORTHO
Phone Number:
Email Address:
Fax:
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery? YES
Surgery Date: 2024-06-11
DX: S/P RT. KNEE ARTHROSCOPY AND MENISECTOMY
Body Parts: RT. KNEE
of Auth visits: 18
Freq/Duration: 3X/WK X 6WKS
Script: YES
Follow-up MD: 2024-06-21

Special Instructions

Special Instructions: BELONGS TO CAROLINA