

Referral

Submitter

Company Name:

First Name:

Last Name:

Main Phone:

Ext.:

Fax:

Email Address

Claimant

Request: PT

First Name: DIANA

Last Name: POSADA

Claim Number: PLB081746-02

Date of Injury: 2022-10-26

ICD Code

Describe Injury: MULT BODY, EE WAS KNOCKED DOWN BY A STUDENT

Working: YES

Occupation: PRINCIPAL SECRETARY

Date of Birth: 1972-05-03

Gender: FEMALE

Home Phone: (908)769-6894

Cell Phone: (908)405-8418

Work Phone:

Ext.:

Alternate Phone:

Alt. Phone Description:

Email Address:

Address 1: 1000 WEST 5TH STREET

Address 2:

City: PLAINFIELD

State: NJ

Zip: 07063

Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325

Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 8A TO 4:30PM

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE. E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2022-10-31

Special Instructions

Special Instructions: BELONGS TO CAROLINA