

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: OT
First Name: CORY
Last Name: RICHARDSON
Claim Number: PJWC088462
Date of Injury: 2024-06-26
ICD Code
Describe Injury: INJ L ARM BICEP WHILE EXITING THE GARBAGE TRUCK, EE
SLIPPED ON THE STAIRS

Working: NO
Occupation: TRUCK DRIVER
Date of Birth: 1979-12-26
Gender: MALE
Home Phone: (201)620-0798
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 61 WOODLAND DR
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BORO OF ROSELLE

Phone Number: 908-241-2014
Contact: SHATERA SMITH
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? NO
What hours does patient work? 5:30AM ? 2PM

Referring Doctor

First Name: PETER
Last Name: CHAN
Practice Name: HAND SURGERY SPECIALISTS
Phone Number: 908-470-4263
Email Address:
Fax: 908-470-0001
Address 1: 28 WILLIS WAY
Address 2:
City: PISCATAWAY
State: NJ
Zip: 08854
Did patient have surgery? NO
Surgery Date: 2024-07-16
DX: TENDON RUPTURE
Body Parts: LT. BICEP
of Auth visits: 12
Freq/Duration: 3X/WK X 4WKS
Script: YES
Follow-up MD: 2024-07-16

Special Instructions

Special Instructions: THERAPY IS TO BEGIN THE DAY AFTER FIRST POSTOP APPT.
SURGERY 7/18/24 POSTOP 7/22/24