

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: JONATHAN
Last Name: CORONADA
Claim Number: PJWC085779
Date of Injury: 2023-10-29
ICD Code
Describe Injury: INJ R HAND & R KNEE WHILE ATTEMPTING TO MAKE LAWFUL ARREST

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1986-02-20
Gender: MALE
Home Phone: (732)877-7942
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 110 WALTER DRIVE
Address 2:
City: WOODBRIDGE
State: NJ
Zip: 07095
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 7326923291
Contact: MANUEL LOPEZ
Address 1: 365 NEW BRUNSWICK AVE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 7:30A-5:30P

Referring Doctor

First Name: MATTHEW
Last Name: GARFINKEL
Practice Name: EDISON METUCHEN ORTHOPAEDIC GROUP
Phone Number: 7324946226
Email Address:
Fax: 7324948762
Address 1: 10 PARSONAGE RD
Address 2:
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? YES
Surgery Date: 2024-01-29
DX: 33 WEEKS S/P RIGHT KNEE ARTHROSCOPY WITH AUTOGRAFT BONE
Body Parts: RT. KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-10-08

Special Instructions

Special Instructions: BELONGS TO LUCIA