

Referral Queue ID: 480539040

**Patient Referral****Patient Information:**

<b>Patient:</b>	GONZALEZ, MAGALIZ	<b>Home Phone:</b>	(732) 829-0405
<b>SSN:</b>	XXX-XX-6866	<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	5302 BRISTOL STATION COURT CARTERET, NJ 07008	<b>DOI:</b>	10/19/2023
		<b>DOB:</b>	01/25/1962
		<b>Cell Phone:</b>	(732) 829-0405

**Employer Contact:**

<b>Employer Location:</b>	City of Perth Amboy	<b>Contact:</b>	Maria Rivera
<b>Address:</b>	260 High St Perth Amboy, NJ 08861445	<b>Role:</b>	Additional Injury Contact
<b>Auth. by:</b>		<b>Phone:</b>	(732) 771-2508
		<b>Ext.:</b>	
		<b>Fax:</b>	

**Program:****Billing Information:**

<b>Carrier:</b>	D&H Alternative Risk Solutions	<b>Billing:</b>	D&H Alternative Risk Solutions
<b>Address:</b>	PO Box 68 Newton, NJ 078600068	<b>Address:</b>	PO Box 68 Newton, NJ 078600068
<b>Phone:</b>	(973) 940-1851	<b>Claim #:</b>	
<b>Fax:</b>	(908) 684-9911		
<b>Notes:</b>	Alt name, Dietz & Hammer		

**\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

**Concentra Medical Centers (NJ)**16 Ethel Rd Edison, NJ 08817  
Phone: (732) 248-0088 Fax: (732) 248-4408**Service Date:** 11/21/2023**Referral Queue ID:** 480539040**Patient Referral****Patient Information:**

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**Facility Referral Information:**

**Referral Status:** Autoclose  
Consult and treat

**Priority:** Routine

**REFERRAL PRESCRIPTION****Recommended Facility:**

**Facility Type:** Test Center

**Facility Service:** MRI

**Referral Purpose**

<b>Referral Focus</b>	<b>Hemisphere</b>	<b>Ruleout</b>	<b>Contrast</b>
Shoulder	Right	N/A	Without
		N/A	Without

**Diagnosis**

<b>ICD9 Code</b>	<b>ICD10 Code</b>	<b>Description</b>
908.9	S49.91XA	UNSP INJURY OF RIGHT SHOULDER AND UPPER ARM, INIT ENCINTR-S49.91XA

**Additional Notes:**

Auto Create - MRI, Right Shoulder; without contrast material(s)

**Date:** 11/21/2023**Referring Provider:** Shanthi Reddy, MD**\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

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