

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 908-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: DIANA
Last Name: SAENZ-TORRES
Claim Number: PLB086732
Date of Injury: 2024-01-26
ICD Code
Describe Injury: INJ MULT BODY PARTS WHILE WALKING INTO THE CAFE,
SLIPPED & FELL
Working: YES
Occupation: TEACHER
Date of Birth:
Gender: FEMALE
Home Phone: (908)230-0326
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 815 BERCKMAN STREET
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
PT - Schedule during work hours? NO
What hours does patient work? 8:00A-3:05P

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 908-364-7801
Email Address:
Fax: 908-222-2757
Address 1: 1450 RT. 22 WEST
Address 2: STE. 200
City: MOUNTAINSIDE
State: NJ
Zip: 07092
Did patient have surgery?
Surgery Date:
DX: CONCUSSION
Body Parts: RT. SHOULDER, RT. ELBOW, LT. KNEE
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-02-26

Special Instructions

Special Instructions: BELONGS TO CAROLINA