

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** QUINTIN  
**Last Name:** PONDER  
**Claim Number:** IWC081667-01  
**Date of Injury:** 2022-10-19  
**ICD Code**  
**Describe Injury:** INJ R/L SHOULDER & R KNEE, WHILE PERFORMING FIRE FIGHTER DUTIES

**Working:** NO  
**Occupation:** FIRE FIGHTER  
**Date of Birth:** 1985-03-19  
**Gender:** MALE  
**Home Phone:** (973)849-6864  
**Cell Phone:** (973)652-0474  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 17 GARY LANE  
**Address 2:**  
**City:** WILLINGBORO  
**State:** NJ  
**Zip:** 08046  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 732-988-5200 EXT. 230  
**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7:30A TO 7:30A

## Referring Doctor

**First Name:** DOUGLAS  
**Last Name:** HOLDEN  
**Practice Name:** GARDEN STATE ORTHO  
**Phone Number:** 201-475-0019  
**Email Address:**  
**Fax:** 201-475-8740  
**Address 1:**  
**Address 2:**  
**City:** FAIR LAWN  
**State:** NJ  
**Zip:** 07410  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** PAIN  
**Body Parts:** BOTH SHOULDER/RT. KNEE  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2022-11-21

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA  
PLEASE SUBMIT PT SCHEDULE AS SOON AS POSSIBLE.