

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: ARTH
First Name: SALVATORE
Last Name: RENNA
Claim Number: GSCR085787
Date of Injury: 2023-10-28
ICD Code
Describe Injury: INJ R BICEP WHILE ATTEMPTING TO CONTROL A
DISORDERLY/RESISTING SUBJECT

Working: NO
Occupation: POLICE
Date of Birth: 1991-05-07
Gender: MALE
Home Phone: (908)494-0265
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 43 BAIRD RD
Address 2:
City: MILLSTONE
State: NJ
Zip: 08535
Preferred Language:

Employee

Company: CITY OF RAHWAY

Phone Number:
Contact:
Address 1: 1 CITY HALL PLAZA
Address 2:
City: RAHWAY
State: NJ
Zip: 07065
PT - Schedule during work hours? NO
What hours does patient work? 8PM ? 630 AM

Referring Doctor

First Name: STACEY
Last Name: GALLACHER
Practice Name: ADVANCED ORTHO FREEHOLD
Phone Number: 732-720-2555
Email Address:
Fax:
Address 1: 301 PROFESSIONAL VIEW DR.
Address 2: POND VIEW PROFESSIONAL PARK
City: FREEHOLD
State: NJ
Zip: 07728
Did patient have surgery? YES
Surgery Date: 2023-11-20
DX: PAIN
Body Parts: RT. WRIST
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-06-12

Special Instructions

Special Instructions: BELONGS TO LUCIA.
I DON'T HAVE THE INFO FOR RAHWAY OTHER THAN
ADDRESS. I'LL LET LUCIA KNOW YOU MAY BE REACHING
OUT TO HER OR YOU MAY HAVE INFO I DON'T HAVE. LOL.