

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: PT
First Name: RICKY
Last Name: GRAHAM
Claim Number: PJWC089285
Date of Injury: 2024-09-17
ICD Code
Describe Injury: INJ R ANKLE EE WAS STRUCK BY A VEHICLE, WHEN TRYING TO GET OUT OF THE WAY
Working: YES
Occupation: CROSSING GUARD
Date of Birth: 1951-01-22
Gender: MALE
Home Phone: (908)720-1921
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1163 E. HENRY ST
Address 2:
City: LINDEN
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BORO OF ROSELLE

Phone Number: 908-259-3029
Contact: GLORI ANN GUELL
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? NO
What hours does patient work? 7:30AM ? 9AM & 2PM-3:30PM

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 9083647801
Email Address:
Fax: 9082222757
Address 1: 1450 ROUTE 22 WEST
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF RIGHT FOOT, PRIMARY OSTEOARTHRITIS RIGHT AN
Body Parts: RT. FOOT
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-10-10

Special Instructions

Special Instructions: BELONGS TO LUCIA