

# 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:** MRI  
**First Name:** JERREZ  
**Last Name:** HAYWARD  
**Claim Number:** IWC081667-02  
**Date of Injury:** 2022-10-19  
**ICD Code**  
**Describe Injury:** INJ MULT BODY PARTS, WHILE PERFORMING OVERHAUL,EE  
FELL THROUGH THE FLOOR  
  
**Working:** NO  
**Occupation:** FIRE FIGHTER  
**Date of Birth:** 1988-09-05  
**Gender:** MALE  
**Home Phone:** (973) 703-5927  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 17 VAN WINKLE ST  
**Address 2:** APT. D  
**City:** BLOOMFIELD  
**State:** NJ  
**Zip:** 07003  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 610-283-4375  
**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 7:30A TO 7:30A

## Referring Doctor

**First Name:** SETH  
**Last Name:** QUELER  
**Practice Name:** GARDEN STATE ORTHO  
**Phone Number:** 201-475-0019  
**Email Address:**  
**Fax:** 973-685-9779  
**Address 1:** 28-04 BROADWAY  
**Address 2:**  
**City:** FAIR LAWN  
**State:** NJ  
**Zip:** 07410  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** SPRAIN OF METATARSOPHALANGEAL JOINT OF LEFT GREAT TOE.  
**Body Parts:** LT. FOREFOOT-CLOSED WITHOUT CONTRAST  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2022-12-22

## Special Instructions

**Special Instructions:** BELONG TO CAROLINA