

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: MRI
First Name: ARTHUR
Last Name: AYRES, III
Claim Number: MT088696
Date of Injury: 2024-06-19
ICD Code
Describe Injury: INJ R ANKLE ROLLED IT ON UNEVEN TRANSITION FROM SIDEWALK TO GRASS

Working: YES
Occupation: MAINTENANCE WORKER
Date of Birth: 1982-05-28
Gender: MALE
Home Phone: (973)723-7804
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 135 WESTERN AVE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN

Phone Number: 9732926627
Contact: SHANAE GREEN
Address 1: 200 SOUTH ST.
Address 2: P.O. BOX 914
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? NO
What hours does patient work? 7AM ? 3:30PM

Referring Doctor

First Name: MICHAEL
Last Name: GOLDBERGER
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-267-6882
Email Address:
Fax: 973-538-4081
Address 1: 197 RID
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: RT. ANKLE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-08-07

Special Instructions

Special Instructions: BELONGS TO LUCIA