

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 908-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: DIANNE
Last Name: ROMAN
Claim Number: PJWC089708
Date of Injury: 2024-10-22
ICD Code
Describe Injury: INJ LOWER BACK & L SHOULDER WAS INVOLVED IN A MOTOR VEHICLE ACCIDENT

Working: YES
Occupation: DRTR DEPT HEAD/DIRECTOR
Date of Birth: 1970-06-09
Gender: FEMALE
Home Phone: (732)824-9423
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 394 FAYETTE ST.
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number:

Contact:

Address 1: 260 HIGH STREET

Address 2:

City: PERTH AMBOY

State: NJ

Zip: 08861

PT - Schedule during work hours? NO

What hours does patient work? 8AM ? 4PM

Referring Doctor

First Name: DOROTA

Last Name: SOHAIL

Practice Name: HACKENSACK MERIDIAN HEALTH

Phone Number: 732-362-3871

Email Address:

Fax: 732-362-3873

Address 1: 742 US-1N

Address 2:

City: ISELIN

State: NJ

Zip: 08830

Did patient have surgery? NO

Surgery Date:

DX: STRAIN

Body Parts: LT. SHOULDER/LUMBAR

of Auth visits: 8

Freq/Duration: 2X/WK X 4WKS

Script: YES

Follow-up MD: 2024-11-08

Special Instructions

Special Instructions: BELONGS TO LUCIA