

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: PT, MRI
First Name: RAJOHN
Last Name: MANN
Claim Number: PLB082866
Date of Injury: 2023-02-09
ICD Code
Describe Injury: INJ R SHOULDER WHILE BREAKING UP FIGHT BTW STUDENT AND PARENT
Working: YES
Occupation: SECURITY GUARD
Date of Birth: 1975-03-31
Gender:
Home Phone: (908)361-6163
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 26 ROMNEY ROAD
Address 2:
City: BOUND BROOK
State: NJ
Zip: 08905
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 08905
PT - Schedule during work hours?
What hours does patient work? 7:30A TO 3P

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD E.
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: RT. SHOULDER
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-03-31

Special Instructions

Special Instructions: BELONGS TO ANGELA
IF YOU ARE ABLE TO GET AN MRI FOR TODAY, MAKE IT IN
THE AFTERNOON CLOSE TO ENDING SHIFT WHICH IS 3PM.
I WOULD PREFER PT AFTER THE MRI SO WE CAN SEE
WHAT IS GOING ON.