

# 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  
**First Name:** ALISA  
**Last Name:** BARNES  
**Claim Number:** PLB083015  
**Date of Injury:** 2023-02-28  
**ICD Code**  
**Describe Injury:** INJ L ANKLE EE SLIPPED ON ICE/SNOW  
**Working:** YES  
**Occupation:** TEACHER  
**Date of Birth:** 1969-06-07  
**Gender:** FEMALE  
**Home Phone:** (917) 573-8817  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 95 SPRUCE MILL LANE  
**Address 2:**  
**City:** SCOTCH PLAINS  
**State:** NJ  
**Zip:** 07076  
**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:** 07063  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 8A TO 3:05P

## Referring Doctor

**First Name:** DAVID  
**Last Name:** EPSTEIN  
**Practice Name:** TRI COUNTY  
**Phone Number:** 9735382334  
**Email Address:**  
**Fax:** 973-538-4081  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:** 3RD FLOOR  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?**  
**Surgery Date:**  
**DX:** FRACTURE  
**Body Parts:** LT. ANKLE  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2023-03-21

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA