

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: YASIN
Last Name: WELCH
Claim Number: PJWC087788
Date of Injury: 2024-04-29
ICD Code
Describe Injury: INJ LOWER BACK FELT POP WHEN HE GRABBED OVERWEIGHT RECYCLING CAN

Working: NO
Occupation: LABORER
Date of Birth: 1979-04-27
Gender: MALE
Home Phone: (973)220-7704
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1148 OLD FREEHOLD RD
Address 2:
City: TOMS RIVER
State: NJ
Zip: 08753
Preferred Language:

Employee

Company: BORO OF ROSELLE

Phone Number: 908-241-2014
Contact: SHATERA SMITH
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? NO
What hours does patient work? 5:30AM ? 2PM

Referring Doctor

First Name: MATTHEW
Last Name: GARFINKEL
Practice Name: EDISON METUCHEN ORTHOPAEDIC GROUP
Phone Number: 7324946226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE RD
Address 2:
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? NO
Surgery Date:
DX: S/P PRIOR ACL RECONSTRUCTION
Body Parts: LT. KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-07-02

Special Instructions

Special Instructions: BELONGS TO LUCIA