

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: JAMES
Last Name: VITOLLO
Claim Number: IWC081426
Date of Injury: 2022-09-18
ICD Code
Describe Injury: INJ TOP OF R SHOULDER, OVERHAUL WALLS & CEILING @ FIRE

Working: NO
Occupation: FIRE FIGHTER
Date of Birth: 1980-11-01
Gender: MALE
Home Phone: 732-200-5637
Cell Phone: 973-908-5696
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 148 MOUNTAINVIEW RD.
Address 2:
City: WARREN
State: NJ
Zip: 07059
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 610-283-4375
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 7:30AM TO 7:30AM

Referring Doctor

First Name: DAVID
Last Name: KLEIN
Practice Name: TRI COUNTY ORTHO
Phone Number: 973-538-2334
Email Address:
Fax: 973-829-9174
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? YES
Surgery Date: 2022-12-19
DX: P/O RIGHT ROTATOR CUFF REPAIR
Body Parts: RT. SHOULDER
of Auth visits: 9
Freq/Duration: 3X/WK X 3WKS
Script: YES
Follow-up MD: 2023-03-15

Special Instructions

Special Instructions: BELONGS TO CAROLINA

9 VISITS