

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401850  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** MRI  
**First Name:** EDWIN  
**Last Name:** VELASCO  
**Claim Number:** IWC086198-02  
**Date of Injury:** 2023-12-03  
**ICD Code**  
**Describe Injury:** INJ R KNEE AT FIRE SCENE,STRETCHING LINE IT GOT STUCK UNDER TIRE & EE SLIPPED  
  
**Working:** YES  
**Occupation:** FIREFIGHTER  
**Date of Birth:** 1974-07-31  
**Gender:** MALE  
**Home Phone:** (973)376-8129  
**Cell Phone:** (973)769-8326  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 61 PARK LANE  
**Address 2:**  
**City:** SPRINGFIELD  
**State:** NJ  
**Zip:** 07081  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 6102834375  
**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?**  
**What hours does patient work?** 5PM-3 AM

## Referring Doctor

**First Name:** ERIK  
**Last Name:** ZACHWIEJA  
**Practice Name:** GARDEN STATE ORTHO  
**Phone Number:** 201-791-4434  
**Email Address:**  
**Fax:** 201-791-9377  
**Address 1:** 28-04 BROADWAY  
**Address 2:**  
**City:** FAIR LAWN  
**State:** NJ  
**Zip:** 07410  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** CONTUSION  
**Body Parts:** RT. KNEE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-03-18

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA