

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: MRI
First Name: DOMINICK
Last Name: ZANGARI
Claim Number: PVS084835
Date of Injury: 2023-08-09
ICD Code
Describe Injury: INJ R HIP & HAMSTRING EE LOST BALANCE GOING DOWN THE STEPS & FELL

Working: YES
Occupation: SEWER WORKER
Date of Birth: 1952-02-01
Gender: MALE
Home Phone: (908) 241-9463
Cell Phone: (908) 487-0602
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 139 BERWYN STREET
Address 2:
City: ROSELLE PARK
State: NJ
Zip: 07204
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE COMMISSION

Phone Number: 973-817-5695
Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVENUE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours? NO
What hours does patient work? 6:45A TO 4P

Referring Doctor

First Name: CAMILA
Last Name: MEJIA-RAMIREZ
Practice Name: IRONBOUND MEDICAL SERVICES
Phone Number: 973-878-3990
Email Address:
Fax: 973-878-3991
Address 1: 221 CHESTNUT STREET
Address 2:
City: NEWARK
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: RIGHT HAMSTRING
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-08-25

Special Instructions

Special Instructions: BELONGS TO CAROLINA