

# 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:** CATHERINE  
**Last Name:** JARA  
**Claim Number:** PLB081693  
**Date of Injury:** 2022-10-21  
**ICD Code**  
**Describe Injury:** INJ L KNEE, AT THE END OF THE CLASS, STUDENT RAN INTO  
EE'S LEG  
**Working:** YES  
**Occupation:** TEACHER  
**Date of Birth:** 1985-10-26  
**Gender:** FEMALE  
**Home Phone:** (908)304-4783  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 42 STEINER PLACE  
**Address 2:**  
**City:** NORTH PLAINFIELD  
**State:** NJ  
**Zip:** 07060  
**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?** 8:30 ? 3:30PM

## Referring Doctor

**First Name:** ANTHONY  
**Last Name:** TARASENKO  
**Practice Name:** CONCENTRA  
**Phone Number:** 908-757-1424  
**Email Address:**  
**Fax:**  
**Address 1:** 116 CORPORATE BLVD  
**Address 2:**  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** SPRAIN  
**Body Parts:** LT. KNEE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2022-10-31

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA  
REC'D THE PROPER RX