

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: GEZIM
Last Name: ISMAILOVSKI
Claim Number: PVS083381
Date of Injury: 2023-04-03
ICD Code
Describe Injury: INJ LOWER BACK WHILE REMOVING PUMP FROM SCISSOR LIFT
Working: NO
Occupation: MAINTENANCE APPRENTICE
Date of Birth: 1976-05-05
Gender: MALE
Home Phone: (973)805-0966
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 108 CORABELLE AVE
Address 2:
City: LODI
State: NJ
Zip: 07644
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? 7A TO 3:30P

Referring Doctor

First Name: RICHARD
Last Name: NACHWALTER
Practice Name: ATLANTIC SPINE SPECIALISTS
Phone Number: 973-971-3500
Email Address:
Fax: 973-683-0016
Address 1: 131 MADISON AVENUE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: HERNIATED DISC
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-04-27

Special Instructions

Special Instructions: BELONGS TO CAROLINA,
IW IS OUT OF WORK AND DEPENDS ON HIS FATHER TO
TRANSPORT TO APPOINTMENTS.

CLOSER TO HOME FOR SESSIONS