

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 9739401852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** MRI  
**First Name:** LUIS  
**Last Name:** PEREZ  
**Claim Number:** PJWC088150  
**Date of Injury:** 2024-06-04  
**ICD Code**  
**Describe Injury:** INJ R WRIST WHEN DEALING WITH AN EDP  
**Working:** YES  
**Occupation:** POLICE  
**Date of Birth:** 1978-03-17  
**Gender:** MALE  
**Home Phone:** (848) 219-3990  
**Cell Phone:** (732)442-4400  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 4 SEVENTH STREET  
**Address 2:**  
**City:** ABERDEEN  
**State:** NJ  
**Zip:** 07747  
**Preferred Language:**

## Employee

**Company:** CITY OF PERTH AMBOY  
**Phone Number:** 7328260290

**Contact:**  
**Address 1:** 260 HIGH STREET  
**Address 2:**  
**City:** PERTH AMBOY  
**State:** NJ  
**Zip:** 08861  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7:30AM ? 5:30PM

## Referring Doctor

**First Name:** ARTHUR  
**Last Name:** VASEN  
**Practice Name:** SEAVIEW ORTHOPEDIC  
**Phone Number:** 7324621700  
**Email Address:**  
**Fax:** 7323038314  
**Address 1:** 222 SCHANCK RD  
**Address 2:**  
**City:** FREEHOLD  
**State:** NJ  
**Zip:** 07728  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** CONTUSION  
**Body Parts:** RT. HAND  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-07-19

## Special Instructions

**Special Instructions:** BELONGS TO LUCIA