

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 908-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: FRANKLIN
Last Name: FUSCO
Claim Number: PLB082769-02
Date of Injury: 2023-02-02
ICD Code
Describe Injury: INJ R BICEP WHILE TRYING TO STOP STUDENT THAT WAS RUNNING
Working: YES
Occupation: VICE PRINCIPAL
Date of Birth: 1976-10-03
Gender: MALE
Home Phone: (908)552-5602
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 BRIAR CIRCLE
Address 2:
City: GREENBROOK
State: NJ
Zip: 08812
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: MICHAEL GARCIA
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 7:30A TO 5P

Referring Doctor

First Name: STEVEN
Last Name: SHAMASH
Practice Name: GARDEN STATE ORTHO
Phone Number: 201-791-4434
Email Address:
Fax: 2017919377
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery? YES
Surgery Date: 2023-02-23
DX: RUPTURE OF RT. DISTAL BICEPS TENDON
Body Parts: RT. HUMERUS
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-10-29

Special Instructions

Special Instructions: BELONGS TO CAROLINA