

# 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:** JAMES  
**Last Name:** VITOLLO  
**Claim Number:** IWC081426  
**Date of Injury:** 2022-09-18  
**ICD Code**  
**Describe Injury:** INJ TOP OF R SHOULDER, OVERHAUL WALLS & CEILING @ FIRE

**Working:** YES  
**Occupation:** FIRE FIGHTER  
**Date of Birth:** 1980-11-01  
**Gender:** MALE  
**Home Phone:** (732)200-5637  
**Cell Phone:** (973)908-5696  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 148 MOUNTAINVIEW RD.  
**Address 2:**  
**City:** WARREN  
**State:** NJ  
**Zip:** 07059  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**Phone Number:** 610-283-4375  
**Contact:** CHRISTI KELLY  
**Address 1:** 1 CIVIC SQUARE  
**Address 2:**  
**City:** IRVINGTON  
**State:** NJ  
**Zip:** 07111  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7:30A TO 7:30A

## Referring Doctor

**First Name:** DAVID  
**Last Name:** KLEIN  
**Practice Name:** TRI COUNTY  
**Phone Number:** 973-267-6882  
**Email Address:**  
**Fax:** 973-538-4081  
**Address 1:** 197 RIDGEDALE AVE  
**Address 2:**  
**City:** CEDAR KNOLLS  
**State:** NJ  
**Zip:** 07927  
**Did patient have surgery?** YES  
**Surgery Date:** 2022-12-19  
**DX:** PAIN  
**Body Parts:** RT. SHOULDER  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-06-19

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA  
APPOINTMENT WILL BE SCHEDULED AFTER MRI IS  
COMPLETED.