

12/10/24

INFINITY ORTHOPEDICS, LLC

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Patient Therapy Order Requisition

PATIENT

Roman, Dianne
394 Fayette St
Perth Amboy, NJ 08861

H-Phone: (732)-824-9423 DOB : 06/09/1970
W-Phone: () - -
C-Phone: (732)-824-9423 Sex : F
Race : White Chart:
Account: 15584

PRIMARY INSURANCE

Co#: 70 Policy#: PJWC089708
D & H Risk MGMNT (WC)
PO Box 68
Newton, NJ 07860

Insured Name: Dianne Roman
Group Number:
Plan Name :
Expired Date: 00/00/00

THERAPY ORDER

Status : Open
Doctor : Warshauer, Jeffrey M., D.O.
Address : 1450 ROUTE 22 WEST
Address2 : SUITE 200
Address3 : MOUNTAINSIDE, NJ 07092-2603
Phone : (908)-364-7801
Therapist:
Address1:
Address2:
Phone : Fax:

NPI : 1558360222
LIC : 25MB05525300
Fax: (908)-222-2757

Ordered Date: 12/10/24
Start Date : 00/00/00
End Date : 00/00/00
Duration : 2 Weeks

Therapy
Physical Therapy

Frequency
3 times week

Diagnosis: S43.402A Unspecified sprain of left shoulder joint, initial encounter
Diagnosis: S33.5xxA Sprain of ligaments of lumbar spine, initial encounter

INSTRUCTIONS

☒ EVALUATE & TREAT
☐ T.E.N.S
☐ MASSAGE
☐ ULTRASOUND
☐ WHIRLPOOL

☒ THERAPEUTIC EXERCISES
☒ STRENGTHENING PROGRAM
☐ GAIT TRAINING
☐ ELECTRICAL STIM
☐ JOBST



Ordering Physician's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 12/10/24 at 3:28 pm