

FAX COVER SHEET

TO

NAME: Carolina Shell
COMPANY:

FAX PHONE: (973)-940-1852

FROM

NAME: Denise Munoz
COMPANY: INFINITY ORTHOPEDICS,LLC
1450 RT 22 West,Ste 200
Mountainside, NJ 07092-2619

VOICE PHONE: (908)-364-7801
FAX PHONE: (908)-222-2757

SENT ON: 08/06/24 5:41 pm
PAGES: 7
SUBJECT: Document Distribution

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INFINITY ORTHOPEDICS, LLC

JEFFREY M. WARSHAUER, D.O.
HEATHER A. PEDERSEN, PA-CP: 908-364-7801
F: 908-222-2757

WWW.INFINITYORTHOPEDICSNJ.COM

1450 ROUTE 22 WEST
SUITE 200
MOUNTAIN SIDE, NJ 070923 PROGRESS ST
SUITE 106
EDISON, NJ 08820MAILING ADDRESS:
PO BOX 4290
WARREN, NJ 07059WORKERS COMPENSATION PROGRESS NOTE
(Full Note to Follow Via Fax)

Date: 08/06/2024

Patient's Name: Tonja Decaro

DOB: 04/22/1964

Employer: PLAINFIELD BOE

Date of Injury: 06/10/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

Phone Number: 973-940-1851 Fax Number: 973-940-1852

Claim Number: PLB088215
SPINE, CERVICAL SPINE

Authorized Injuries/Body Parts: LEFT SHOULDER, LEFT KNEE, LEFT ANKLE, LUMBAR

Diagnoses:

① w/l ② l-w-l ③ Pchul Pchul

Treatment:

Medications:

Therapy:

c-plate rt

Diagnostic Studies:

MRI Cervical, Lumbar, Pchul, Pchul

In Office Procedures:

Other:

Surgery:

Work Status:

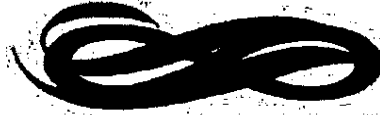
Full Duty
Light Duty
Sedentary Duty
Out of Work☐
☒
☐
☐Is the patient at MMI? ☐ Yes ☒ No

Work Restrictions:

No Lifting over lbs
Other:

Return to work date:

Next Appointment: 8/27/24 - 4pm

INFINITY ORTHOPEDICS, LLC**JEFFREY M. WARSHAUER, D.O.**
HEATHER A. PEDERSEN, PA-C**P: 908-364-7801**
F: 908-222-2757**WWW.INFINITYORTHOPEDICSNJ.COM****1450 ROUTE 22 WEST**
SUITE 200
MOUNTAINSIDE, NJ 07092**3 PROGRESS ST**
SUITE 106
EDISON, NJ 08820**MAILING ADDRESS:**
PO BOX 4290
WARREN, NJ 07059**To Whom it May Concern:****Tonja Decaro is currently under my care and was seen in our office today, 08/06/2024 .**

- ☐ Please excuse the patient from work today.
- ☐ The patient may return to work at full duty status on 00/00/0000 .
- ☒ The patient may return to work on 08/06/2024 .

With the following restrictions:

- ☐ Sedentary duty
- ☒ Light duty
- ☐ No lifting over lbs.
- ☐ Out of Work
- ☐ Surgery Scheduled for:
- ☐ Remain out of work for:
- ☒ Other: **NO EXCESSIVE WALKING OR STANDING**

- ☒ The patient will be re-evaluated on 08/27/2024 .

Should you have any questions regarding the patient's treatment please call us at (908)364-7801.**Dr. Jeffery M. Warshauer/ Heather A. Pedersen, PA-C**

08/06/24

INFINITY ORTHOPEDICS, LLC

Page 1

Patient Diagnostic Imaging Order Requisition

Decaro, Tonja
247 S WALNUT ST
BATH, PA 18014

PATIENT

H-Phone: (201)-388-4260 DOB : 04/22/1964
W-Phone: () - -
C-Phone: () - - Sex : F
Race : Declined to Specify / U Chart:
Account: 15190

Co#: 70 Policy#: PLB088215
D & H RISK MGMNT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: TONJA DECARO
DOB : 04/22/1964
Group Number:
Plan Name :
Onset Date : 06/10/24

Name : PATIENTS CHOICE

FACILITY INFORMATION

Phone:
Fax :

Status: Ordered

Doctor: Warshauer, Jeffrey M., D.O.
3 PROGRESS STREET, SUITE 1
EDISON, NJ 08820-1180

DIAGNOSTIC IMAGING ORDER

Ordered : 08/06/24 5:38 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 7826
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI: 1558360222
Id. : 47-2470918

Test Name:

MRI Ankle W/O Contrast Left

Priority

Acc#

Routine

7826-8969

Dx: S93.402A Sprain of unspecified ligament of left ankle, init encntr

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 08/06/24 at 5:39 pm

08/06/24

INFINITY ORTHOPEDICS, LLC

Page 1

Patient Diagnostic Imaging Order Requisition

Decaro, Tonja
247 S WALNUT ST
BATH, PA 18014

PATIENT

H-Phone: (201)-388-4260 DOB : 04/22/1964
W-Phone: () - -
C-Phone: () - - Sex : F
Race : Declined to Specify / U Chart:
Account: 15190

Co#: 70 Policy#: PLB088215
D & H RISK MGMNT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: TONJA DECARO
DOB : 04/22/1964
Group Number:
Plan Name :
Onset Date : 06/10/24

Name : PATIENTS CHOICE

FACILITY INFORMATION

Phone:
Fax :

Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
3 PROGRESS STREET, SUITE 1
EDISON, NJ 08820-1180

DIAGNOSTIC IMAGING ORDER

Ordered : 08/06/24 5:38 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 7825
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI:1558360222
Id : 47-2470918

Test Name: MRI Lumbar Spine W/O Contrast
Dx: S33.5xxA Sprain of ligaments of lumbar spine, initial encounter

Priority	Acc#
Routine	7825-8968

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 08/06/24 at 5:38 pm

08/06/24

INFINITY ORTHOPEDICS, LLC

Page 1

Patient Diagnostic Imaging Order Requisition

PATIENT		
Decaro, Tonja	H-Phone: (201)-388-4260	DOB : 04/22/1964
247 S WALNUT ST	W-Phone: () - -	
BATH, PA 18014	C-Phone: () - -	Sex : F
	Race : Declined to Specify / U Chart:	
	Account: 15190	
PRIMARY INSURANCE		
Co#: 70 Policy#: PLB088215	Insured Name: TONJA DECARO	
D & H RISK MGMNT (WC)	DOB : 04/22/1964	
PO BOX 68	Group Number:	
NEWTON, NJ 07860	Plan Name :	
	Onset Date : 06/10/24	
FACILITY INFORMATION		
Name : PATIENTS CHOICE	Phone:	
	Fax :	
DIAGNOSTIC IMAGING ORDER		
Status: Ordered	Ordered : 08/06/24	5:37 pm
Doctor: Warshauer, Jeffrey M., D.O.	Sched : 00/00/00	
3 PROGRESS STREET, SUITE 1	Acquired: 00/00/00	
EDISON, NJ 08820-1180	Req#: 7823	
	Phone : (908)-364-7801	
	Fax : (908)-222-2757	
UPIN : NPI: 1558360222		
Id : 47-2470918		
Test Name:	Priority	Acc#
MRI Cervical Spine W/O Contrast	Routine	7823-8966
Dx: M54.2 Cervicalgia		

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 08/06/24 at 5:37 pm

08/06/24

INFINITY ORTHOPEDICS, LLC

Page 1

Patient Diagnostic Imaging Order Requisition

Decaro, Tonja
247 S WALNUT ST
BATH, PA 18014

PATIENT

H-Phone: (201)-388-4260 DOB : 04/22/1964
W-Phone: () - -
C-Phone: () - - Sex : F
Race : Declined to Specify / U Chart:
Account: 15190

Co#: 70 Policy#: PLB088215
D & H RISK MGMNT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: TONJA DECARO
DOB : 04/22/1964
Group Number:
Plan Name :
Onset Date : 06/10/24

Name : PATIENTS CHOICE

FACILITY INFORMATION

Phone:
Fax :

Status: Ordered

Doctor: Warshauer, Jeffrey M., D.O.
3 PROGRESS STREET, SUITE 1
EDISON, NJ 08820-1180

DIAGNOSTIC IMAGING ORDER

Ordered : 08/06/24 5:37 pm
Sched : 00/00/00
Acquired: 00/00/00
Req#: 7824
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI: 1558360222
Id : 47-2470918

Test Name:

MRI Shoulder W/O Contrast Left

Priority

Acc#

Dx: S40.012A Contusion of left shoulder, initial encounter

Routine

7824-8967

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:

Electronically signed by agent of provider: Rosa Matos, MA on 08/06/24 at 5:38 pm