

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: 04/29/24 3:55 pm

PAGES: 4

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
MOUNTAINSIDE, 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: 04/29/2024

Patient's Name: Diana Saenz Torres

DOB: 01/03/1963

Employer: PLAINFIELD BD OF EDUCATION

Date of Injury: 01/26/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

Phone Number: 973-940-1851X239 Fax Number: 973-940-1852

Claim Number: PLB086732 Authorized Injuries/Body Parts: LEFT ANKLE, RIGHT ELBOW, RIGHT SHOULDER,
BILATERAL HANDS, BILATERAL KNEES

Diagnoses:

mult. L

Treatment:

Medications:

Therapy:

Diagnostic Studies:

none @ h

In Office Procedures:

10 @ shoulder

Other:

Surgery:

5/8/24

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:

date def

Next Appointment:

*surrg - 5/8/24**post op 5/13 @ 5:30pm**Q*

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

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SUITE 200
MOUNTAIN SIDE, NJ 070923 PROGRESS ST
SUITE 106
EDISON, NJ 08820MAILING ADDRESS:
PO BOX 4290
WARREN, NJ 07059

To Whom It May Concern:

Diana Saenz Torres is currently under my care and was seen in our office today, 04/29/2024 .

- ☐ 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 04/29/2024 .

With the following restrictions:

- ☒ Sedentary duty/DESK DUTY
☐ Light duty
☐ No lifting over lbs.
☐ Out of Work
☒ Surgery Scheduled for: 05/08/2024
☐ Remain out of work for:
☐ Other:

- ☒ The patient will be re-evaluated on 05/13/2024 .

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

04/29/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

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Saenz Torres, Diana
815 BERCKMAN ST
PLAINFIELD, NJ 07062

PATIENT

H-Phone: (908)-230-0326 DOB: 01/03/1963
W-Phone: ()- -
C-Phone: ()- - Sex: F
Race: White Chart:
Account: 14621Co#: 70 Policy#: PLB086732
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: DIANA SAENZ TORRES
DOB: 01/03/1963
Group Number:
Plan Name:
Onset Date: 01/26/24

FACILITY INFORMATION

Name: PATIENTS CHOICE

Phone:
Fax:

DIAGNOSTIC IMAGING ORDER

Status: Ordered
Doctor: Warshawer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619Ordered: 04/29/24 3:35 pm
Sched: 00/00/00
Acquired: 00/00/00
Req#: 7622
Phone: (908)-364-7801
Fax: (908)-222-2757UPIN: NPI: 1558360222
Id: 47-2470918

Test Name:

MRI Knee W/O Contrast Right

Priority
Routine

Acc#

7622-8742

Dx: S80.01xA Contusion of right knee, initial encounter

Dx: M25.561 Pain in right knee

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 04/29/24 at 3:35 pm