

# FAX COVER SHEET

## TO

NAME: Angela Montgomery  
COMPANY:

FAX PHONE: 19739401852

## FROM

NAME: Denise Munoz  
COMPANY: INFINITY ORTHOPEDICS,LLC  
1450 RT 22 West,Ste 200  
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VOICE PHONE: (908)-364-7801  
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SENT ON: 01/17/23 03:35 PM  
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SUBJECT:

Document Distribution

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## INFINITY ORTHOPEDICS, LLC

JEFFREY M. WARSHAUER, D.O.  
HEATHER A. PEDERSEN, PA-C



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SUITE 106  
EDISON, NJ 08820

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PO BOX 4290  
WARREN, NJ 07059

### WORKERS COMPENSATION PROGRESS NOTE (Full Note to Follow Via Fax)

Date: 01/17/2023

Patient's Name: Nabillah Muhammad Ismail

DOB: 08/16/1954

Employer: PLAINFIELD BOE

Date of Injury: 03/24/22 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: ANGELA MONTGOMERY

Phone Number: 973-704-6951 Fax Number: 973-940-1852

Claim Number: PLB079309

Authorized Injuries/Body Parts: RIGHT SHOULDER

Diagnoses:

*Right Shoulder*

Treatment:

Medications:

Therapy:

*12 week*

Diagnostic Studies:

In Office Procedures:

*if Right*

Other:

Surgery:

Work Status:

Full Duty

☒

Light Duty

☐

Sedentary Duty

☐

Out of Work

☐

Is the patient at MMI? ☐ Yes ☒ No

Physician/PA Signature:

*[Signature]*

Work Restrictions:

No Lifting over lbs

Other:

Return to work date:

Next Appointment:

*1/21/23 @ 3:00pm*

## INFINITY ORTHOPEDICS, LLC

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WARREN, NJ 07059

### To Whom it May Concern:

Nabiliah Muhammad Ismail is currently under my care and was seen in our office today, 01/17/2023 .

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 01/17/2023 .
- ☐ The patient may return to work on 00/00/0000 .

#### With the following restrictions:

- ☐ Sedentary duty
- ☐ Light duty
- ☐ No lifting over lbs.
- ☐ Out of Work
- ☐ Surgery Scheduled for:
- ☐ Remain out of work for:
- ☐ Other:

- ☒ The patient will be re-evaluated on 01/31/2023 .

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

*gmc*

## Patient Therapy Order Requisition

## PATIENT

Muhammad Ismail, Nabiliah  
186 Willowbrook Building 14  
N Brunswick, NJ 08902

H-Phone: (732)-658-1179 DOB : 08/16/1954  
W-Phone: ( )- -  
C-Phone: (908)-591-3160 Sex : F  
Race : Black / African Chart:  
Account: 12462

## PRIMARY INSURANCE

Co#: 70 Policy#: PLB079309  
D & H Risk MGMNT (WC)  
PO Box 68  
Newton, NJ 07860

Insured Name: Nabiliah Muhammad Ismail  
Group Number:  
Plan Name :  
Expired Date: 00/00/00

## THERAPY ORDER

Status : Open  
Doctor : Warshauer, Jeffrey M., D.O. NPI : 1558360222  
Address : 1450 ROUTE 22 WEST LIC : 25MB05525300  
Address2 : SUITE 200  
Address3 : MOUNTAINSIDE, NJ 07092-2603  
Phone : (908)-364-7801 Fax: (908)-222-2757  
Therapist:  
Address1 :  
Address2 :  
Phone : Fax:

Ordered Date: 01/17/23  
Start Date : 00/00/00  
End Date : 00/00/00  
Duration : 4 Weeks

## Therapy

Physical Therapy

## Frequency

3 times week

Diagnosis: M25.511 Pain in right shoulder

## INSTRUCTIONS

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> EVALUATE & TREAT | <input checked="" type="checkbox"/> THERAPEUTIC EXERCISES |
| <input checked="" type="checkbox"/> T.E.N.S          | <input checked="" type="checkbox"/> STRENGTHENING PROGRAM |
| <input checked="" type="checkbox"/> MASSAGE          | <input type="checkbox"/> GAIT TRAINING                    |
| <input checked="" type="checkbox"/> ULTRASOUND       | <input checked="" type="checkbox"/> ELECTRICAL STIM       |
| <input type="checkbox"/> WHIRLPOOL                   | <input type="checkbox"/> JOBST                            |

Ordering Physician's Signature: 

Electronically signed by agent of provider: Rose Matos, MA on 01/17/23 at 3:28 pm