

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: 01/06/25 5:16 pm
PAGES: 5
SUBJECT: Document Distribution

Confidentiality Note:

The information being provided with this fax may contain protected health information as defined by Federal laws and regulations. This information is intended only for the use of the individual or entity named above. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under Federal and State law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this fax in error, please notify the sender immediately to arrange for the return of these documents.

Please contact the sender, at the above contact information, to verify receipt or if you have any problems with the transmission of this fax.

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: 01/06/2025

Patient's Name: Scarlett Torrez

DOB: 03/26/1986

Employer: PLAINFIELD BOE

Date of Injury: 10/08/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB089508
THORACIC SPINE

Authorized Injuries/Body Parts: LUMBAR SPINE, CERVICAL SPINE, RIGHT SHOULDER,

Diagnoses: Multiple

Treatment:

Medications:

Therapy: 6 visits T-spine only

Diagnostic Studies: MRI T-spine

In Office Procedures:

Other:

Surgery:

Work Status:

Full Duty

Light Duty

Sedentary Duty

Out of Work

☒
☐
☐
☐

Work Restrictions:

No Lifting over lbs

Other:

Return to work date:

Is the patient at MMI? ☐ Yes ☒ No

Next Appointment: 1/20/25 @ 4:50 PM

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 07059

To Whom it May Concern:

Scarlett Torrez is currently under my care and was seen in our office today, 01/06/2025.

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 01/06/2025.
- ☐ 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 01/20/2025.

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

01/06/25

INFINITY ORTHOPEDICS, LLC
Patient Therapy Order Requisition

Page 1

Torrez, Scarlett
1717 W 7TH St
Piscataway, NJ 08854H-Phone: (347)-882-8899 DOB: 03/26/1986
W-Phone: ()- -
C-Phone: ()- - Sex: F
Race: White Chart:
Account: 15475

PRIMARY INSURANCE

Co#: 70 Policy#: PLB089508
D & H Risk MGMT (WC)
PO Box 68
Newton, NJ 07860Insured Name: Scarlett Torrez
Group Number:
Plan Name:
Expired Date: 00/00/00

THERAPY ORDER

Status: Open
Doctor: Pedersen, Heather, PA-C
Address: 1450 ROUTE 22 WEST
Address2: SUITE 200
Address3: MOUNTAINSIDE, NJ 07092
Phone: (908)-364-7801
Therapist:
Address1:
Address2:
Phone: Fax:NPI: 1619289824
LIC: 25MP00240600
Ordered Date: 01/06/25
Start Date: 00/00/00
End Date: 00/00/00
Duration: 2 Weeks

Fax: (908)-222-2757

Therapy:
Physical TherapyFrequency:
3 times week

Diagnosis: M54.6 Pain in thoracic spine

INSTRUCTIONS

☒ EVALUATE & TREAT
☒ T.E.N.S.
☒ MASSAGE
☒ ULTRASOUND
☐ WHIRLPOOL☒ THERAPEUTIC EXERCISES
☒ STRENGTHENING PROGRAM
☐ GAIT TRAINING
☒ ELECTRICAL STIM
☐ JOBSTOrdering Physician's Signature: 

Electronically signed by Pedersen, Heather, PA-C on 01/06/25 at 4:55 pm

01/06/25

INFINITY ORTHOPEDICS, LLC

Page 1

Patient Diagnostic Imaging Order Requisition

Torrez, Scarlett
1717 W 7TH ST
PISCATAWAY, NJ 08854

PATIENT

H-Phone: (347)-882-8899 DOB : 03/26/1986
W-Phone: ()- -
C-Phone: ()- - Sex : F
Race : White Chart:
Account: 15475

Co#: 70 Policy#: PLB089508
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: SCARLETT TORREZ
DOB : 03/26/1986
Group Number:
Plan Name :
Onset Date : 10/08/24

Name : PATIENTS CHOICE

FACILITY INFORMATION

Phone:
Fax :

Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619

DIAGNOSTIC IMAGING ORDER

Ordered : 01/06/25 4:55 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 8171
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI:1558360222
Id : 47-2470918

Test Name:

MRI Thoracic Spine W/O Contrast
Dx: M54.6 Pain in thoracic spine

Priority

Routine 8171-9345

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 01/06/25 at 4:55 pm