

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: 10/17/24 11:00 am

PAGES: 4

SUBJECT:

Document Distribution

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INFINITY ORTHOPEDICS, LLC

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

WWW.INFINITYORTHOPEDICS.NJ.COM

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

Date: 10/17/2024

Patient's Name: Lamont Harris

DOB: 12/24/1961

Employer: PLAINFIELD BOE

Date of Injury: 09/27/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB089383

Authorized Injuries/Body Parts: RIGHT SHOULDER

Diagnoses:

① R Shoulder

Treatment:

Medications:

Therapy:

C. v. n. l.

Diagnostic Studies:

In Office Procedures:

Other:

Surgery:

Work Status:

Full Duty

☐

Light Duty

☒

Sedentary Duty

☐

Out of Work

☐

Work Restrictions:

No Lifting over 10 lbs

Other:

no overhead work

Return to work date:

Is the patient at MMI? ☐ Yes ☒ No

Next Appointment:

10/21/24 @ 10:00am

Physician/PA Signature:

INFINITY ORTHOPEDICS, LLC

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



P: 908-364-7801
F: 908-222-2757

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SUITE 200
MOUNTAINSIDE, NJ 07092

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SUITE 106
EDISON, NJ 08820

MAILING ADDRESS:
PO BOX 4290
WARREN, NJ 07059

To Whom it May Concern:

Lamont Harris is currently under my care and was seen in our office today, 10/17/2024.

- ☐ 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 10/17/2024.

With the following restrictions:

- ☐ Sedentary duty
- ☒ Light duty
- ☒ No lifting over 10 lbs.
- ☐ Out of Work
- ☐ Surgery Scheduled for:
- ☐ Remain out of work for:
- ☒ Other: No overhead work

- ☒ The patient will be re-evaluated on 10/31/2024.

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

10/17/24

INFINITY ORTHOPEDICS, LLC
Patient Therapy Order Requisition

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Harris, Lamont
1115 Helene Avenue
Plainfield, NJ 07062

PATIENT

H-Phone: (908)-755-1961 DOB: 12/24/1961
W-Phone: () -
C-Phone: (908)-279-9604 Sex: M
Race: Black / African Chart:
Account: 10704Co#: 70 Policy#: PLB089383
D & H Risk MGMT (WC)
PO Box 68
Newton, NJ 07860

PRIMARY INSURANCE

Insured Name: Lamont, Harris
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: 25MP00240600Ordered Date: 10/17/24
Start Date: 00/00/00
End Date: 00/00/00
Duration: 2 Weeks

Fax: (908)-222-2757

Therapy
Physical TherapyFrequency
3 times weekDiagnosis: S43.401A Unspecified sprain of right shoulder joint, init encntr
Diagnosis: M25.511 Pain in right shoulder

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 Pedersen, Heather, PA-C on 10/17/24 at 10:56 am