

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: 12/02/24 2:22 pm

PAGES: 3

SUBJECT:

Document Distribution

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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****WORKERS COMPENSATION PROGRESS NOTE
(Full Note to Follow Via Fax)****Date: 12/02/2024****Patient's Name: Rasuol Wilson****DOB: 01/14/1988****Employer: PLAINFIELD BOE****Date of Injury: 09/09/24 Worker's Compensation Company: D & H Risk MGMNT (WC)****Adjuster: CAROLINA SHELL****Phone Number: 973-940-1851 Fax Number: 973-940-1852****Claim Number: PLB089280****Authorized Injuries/Body Parts: LEFT SHOULDER****Diagnoses:***① ② shoulder***Treatment:****Medications:****Therapy:****Diagnostic Studies:***none w/ly ② shoulder***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:***12/16/24 @ 1:40pm***Physician/PA Signature:**

12/02/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

Wilson, Rasuol
1313 ASTOR PLACE
PLAINFIELD, NJ 07060

PATIENT
H-Phone: (484)-916-8802 DOB : 01/14/1988
W-Phone: () - -
C-Phone: () - - Sex : M
Race : Black / African America Chart:
Account: 15527

Co#: 70 Policy#: PLB089280
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE
Insured Name: RASUOL WILSON
DOB : 01/14/1988
Group Number:
Plan Name :
Onset Date : 09/09/24

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 : 12/02/24 2:03 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 8078
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI: 1558360222
Id : 47-2470918

Test Name:	Priority	Acc#
Shoulder, Arthrography, LT	Routine	8078-9255
Dx: S43.402A Unspecified sprain of left shoulder joint, initial encounter		
MRI Shoulder W/Contrast Left	Routine	8078-9254
Dx: S43.402A Unspecified sprain of left shoulder joint, initial encounter		

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature: _____

Date: _____

