FAX COVER SHEET

TO

NAME: Carolina Shell

COMPANY:

FAX PHONE: (973)-940-1852

FROM

NAME: Sandra Manresa

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: 11/04/24 3:52 pm

PAGES: 4

SUBJECT:

Document Distribution

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INFINITY ORTHOPEDICS, LLC

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



P: 908 364 7801 F1.908 222 2757

1450 ROUTE 22 WEST **SUFFE 200** MOUNTAINSIDE, NJ 07092 3 PROGRESS ST **SUFFE 106** EDISON, NJ 08820 MAILING ADDRESS: PO BOX 4290 WARREN, NJ 07059

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

Date: 11/04/2024	WORKERS COMPENSATION PROGRESS NOTE (Full Note to Follow Via Fax)	
Patient's Name: Scarlett Torrez	DÖB: 03/26/1986	
Employer: PLAINFIELD BOE		
Date of Injury: 10/08/24 Worke	r's Compensation Company: D & H Risk MGMNT (WC)	
Adjuster:CAROLINA SHELL;	Phone Number: 973-940-1851X239 Fax Nu	
Claim Number: PLB089508	Authorized Injuries/Body Parts: LUMBAR SPINE, CERV	
Diagnoses: (i) cu-	1 Q lumber	

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

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

Treatment:

Medications:

Therapy:

Diagnostic Studies:

In Office Procedures:

Other:

Surgery:

Work Status: Full Duty **Light Duty** Sedentary Duty Out of Work

Is the patient at MMI? □Yes □No

Work Restrictions:

No Lifting over Other:

Return to work date: 11/C/24

Next Appointment: 11/18/24 @ 4:00 pm

INFINITY ORTHOPEDICS, LLC

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



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

1450 ROUTE 22 WEST SUITE 200 MOUNTAINSIDE, NJ 07092 3 PROGRESS ST SUFFE 106 EDISON, NJ 08820 MAILING ADDRESS: PO BOX 4290 WARREN. NJ 07059

To Whom	it May	Concern:
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Scarlett Torrez is currently under my care and was seen in our office today, 11/04/2024 ...

- ☐ Please excuse the patient from work today.

 ☐ The patient may return to work at full duty status on 11/05/2024.
 ☐ 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 11/18/2024 .

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

11/04/24	INFINITY ORTHOPEDICS, LLC Patient Therapy Order Requisits	Page 1
Torrez, Scarlett 1717 W 7TR St Piscataway, NJ 08854	PATIENT H-Phone: (347) -882-8899 W-Phone: () C-Phone: () Race : White Account: 15475	DOB :03/26/1986 Sex :F Chart:
Co#: 70 Policy#: PLB089508 D & H Risk MGMNT (WC) PO Box 68 Newton,NJ 07860	PRIMARY INSURANCE Insured Name: Scarlett Group Number: Plan Name : Expired Date: 00/00/00	
Status : Open Doctor : Warshauer, Jeffrey M. Address : 1450 ROUTE 22 WEST Address2 : SUITE 200 Address3 : MOUNTAINSIDE, NJ 0709 Phone : (908)-364-7801 Therapist: Address1 : Address2 : Phone : Fax:	THERAPY ORDER ., D.O. NPI : 1558360222 LIC : 25MB05525300 2-2603 Pax: (908)-222-2757	Ordered Date: 11/04/24 Start Date: 2 00/00/00 End Date: 2 00/00/00 Duration: 2 Weeks
Therapy Physical Therapy	Frequency 3 times week	
MASSAGE ULTRASOUND	gaments of cervical spine, initial lower back and pelvis, initial instructions THERAPEUTIC EXERCISES STRENGTHENING PROGRAM GAIT TRAINING ELECTRICAL STIM JOBST	tial encounter

19082222757

Ordering Physician's Signatures

Electronically signed by agent of providers Rose Matos, MA on 11/04/24 at 3:48 pm

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