

# FAX COVER SHEET

## TO

NAME: Carolina Shell  
COMPANY:

FAX PHONE: 19739401852

## 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: 08/17/23 11:40 AM  
PAGES: 5  
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: 08/17/2023

Patient's Name: Vanessa Wilson

DOB: 09/01/1961

Employer: PLAINFIELD BOE

Date of Injury: 06/22/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB084289

Authorized Injuries/Body Parts: LEFT ANKLE, LEFT KNEE, LEFT ELBOW

Diagnoses:

① D L ② D L ③ D L

Treatment:

Medications:

Therapy:

Diagnostic Studies:

rte ④ h ⑤ c-l

In Office Procedures:

Other:

Surgery:

Work Status:

Full Duty ☐  
Light Duty ☒  
Sedentary Duty ☐  
Out of Work ☐

Is the patient at MMI? ☐ Yes ☒ No

Physician/PA Signature:

Work Restrictions:

No Lifting over 10 lbs  
Other:

h c-l  
r. h f

Return to work date:

Next Appointment:

8/31/23 @ 10:40 am

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HEATHER A. PEDERSEN, PA-C



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WARREN, NJ 07059

**To Whom it May Concern:**

Vanessa Wilson is currently under my care and was seen in our office today, 08/17/2023 .

- ☐ 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 08/17/2023 .

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 CLIMBING; NO KNEELING

- ☒ The patient will be re-evaluated on 08/31/2023 .

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

8/17/23

INFINITY ORTHOPEDIC, LLC  
Patient Diagnostic Imaging Order Requisition

Page 1

Wilson, Vanessa 3 WESTERVELT AVE LAINFIELD, NJ 07060	<b>PATIENT</b> H-Phone: (908)-338-8111      DOB : 09/01/1961 W-Phone: (   ) -   - C-Phone: (908)-338-8111      Sex : F Race : Black / African America    Chart: Account: 14038
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Policy#: 70    Policy#: PLB084289 & H RISK MGMT (WC) BOX 68 EWTON, NJ 07860	<b>PRIMARY INSURANCE</b> Insured Name: VANESSA WILSON DOB : 09/01/1961 Group Number: Plan Name : Onset Date : 06/22/23
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Name : PATIENTS CHOICE	<b>FACILITY INFORMATION</b> Phone: Fax :
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Status: Ordered Doctor: Warshauer, Jeffrey M., D.O. 3 PROGRESS STREET, SUITE 1 EDISON, NJ 08820-1180  PIN : NPI: 1558360222 : 47-2470918	<b>DIAGNOSTIC IMAGING ORDER</b> Ordered : 08/17/23    11:18 am Sched : 00/00/00 Acquired: 00/00/00 Req# : 6968 Phone : (908)-364-7801 Fax : (908)-222-2757
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Test Name: RI Ankle W/O Contrast Left S93.402A    Sprain of unspecified ligament of left ankle, init encntr	Priority Routine	Acc# 6968-8015
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Ordering Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 08/17/23 at 11:20 am

8/17/23

INFINITY ORTHOPEDICS, LLC  
Patient Diagnostic Imaging Order Requisition

Page 1

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Wilson, Vanessa	PATIENT	
3 WESTERVELT AVE	H-Phone: (908)-338-8111	DOB : 09/01/1961
LAINFIELD, NJ 07060	W-Phone: ( ) - -	
	C-Phone: (908)-338-8111	Sex : F
	Race : Black / African America	Chart:
	Account: 14036	

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o#: 70 Policy#: PLB084289	PRIMARY INSURANCE
& H RISK MGMT (WC)	Insured Name: VANESSA WILSON
O BOX 68	DOB : 09/01/1961
EWTON, NJ 07860	Group Number:
	Plan Name :
	Onset Date : 06/22/23

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ame : PATIENTS CHOICE	FACILITY INFORMATION
	Phone:
	Fax :

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tatus: Ordered	DIAGNOSTIC IMAGING ORDER
ctor: Warshauer, Jeffrey M., D.O.	Ordered : 08/17/23 11:18 am
3 PROGRESS STREET, SUITE 1	Sched : 00/00/00
EDISON, NJ 08820-1180	Acquired: 00/00/00
	Req# : 6967
	Phone : (908)-364-7801
	Fax : (908)-222-2757

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est Name:	Priority	Acc#
RI Knee W/O Contrast Left	Routine	6967-8014
x: 980.02xA Contusion of left knee, initial encounter		

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Ordering Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 08/17/23 at 11:18 am