

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: 12/06/24 10:42 am

PAGES: 4

SUBJECT:

Document Distribution

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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 07059WORKERS COMPENSATION PROGRESS NOTE
(Full Note to Follow Via Fax)

Date: 12/06/2024

Patient's Name: Sherri McKinney

DOB: 05/22/1973

Employer: PLAINFIELD BOE

Date of Injury: 11/15/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB089856

Authorized Injuries/Body Parts: LEFT KNEE, LUMBAR SPINE, RIGHT ANKLE, LEFT FOOT

Diagnoses:

① ② hr

Treatment:

Medications:

Therapy:

Diagnostic Studies:

MRI @ hr

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:

Next Appointment:

12/24/24

@ 9:20 am

Is the patient at MMI? ☐ Yes ☒ No

INFINITY ORTHOPEDICS, LLC

JEFFREY M. WARSHAUER, D.O.
HEATHER A. PEDERSEN, PA-CP: 908-364-7801
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EDISON, NJ 08820MAILING ADDRESS:
PO BOX 4290
WARREN, NJ 07059

To Whom it May Concern:

Sherri McKinney is currently under my care and was seen in our office today, 12/06/2024.

- ☐ 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 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: NO CLIMBING, NO CRAWLING, NO KNEELING

☒ The patient will be re-evaluated on 12/20/2024.

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

12/06/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

McKinney, Sherri
2040 LEHIGH ST
EASTON, PA 18042PATIENT
H-Phone: (732)-877-8339 DOB: 05/22/1973
W-Phone: ()- -
C-Phone: ()- - Sex: F
Race: Declined to Specify / U Chart
Account: 15568Co#: 70 Policy#: PLB089856
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860PRIMARY INSURANCE
Insured Name: SHERRI MCKINNEY
DOB: 05/22/1973
Group Number:
Plan Name:
Onset Date: 11/15/24

Name: PATIENTS CHOICE

FACILITY INFORMATION

Phone:
Fax:Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619DIAGNOSTIC IMAGING ORDER
Ordered: 12/06/24 10:15 am
Sched: 00/00/00
Acquired: 00/00/00
Req#: 8101
Phone: (908)-364-7801
Fax: (908)-222-2757UPIN: NPI: 1558360222
Id: 47-2470918

Test Name:

MRI Knee W/O Contrast Left

Priority: Routine
Acc#: 8101-9280Dx: S80.02xA Contusion of left knee, initial encounter
Dx: M25.562 Pain in left knee

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 12/06/24 at 10:16 am