

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: 08/27/24 5:09 pm

PAGES: 5

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
MOUNTAIN SIDE, 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: 08/27/2024

Patient's Name: Gary Walker

DOB: 10/13/1965

Employer: PLAINFIELD BD OF EDUCATION

Date of Injury: 07/19/2024 Worker's Compensation Company: D&H (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB088722

Authorized Injuries/Body Parts: LUMBAR SPINE

Diagnoses: (1) L-5/S-1

Treatment:

Medications:

Therapy: 6000-6

Diagnostic Studies: MRI L-5/S-1

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 16 lbs.

Other:

Return to work date:

Next Appointment: 9/10/24 @ 4 PM

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

To Whom it May Concern:

Gary Walker is currently under my care and was seen in our office today, 08/27/2024 .

- ☐ 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 08/27/2024 .

With the following restrictions:

- ☐ Sedentary duty
- ☒ Light duty
- ☒ No lifting over 10 lbs.
- ☒ No pushing/pulling over 20 lbs.
- ☐ Surgery Scheduled for:
- ☐ Remain out of work for:
- ☐ Other:

- ☒ The patient will be re-evaluated on 09/10/2024 .

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

08/27/24

INFINITY ORTHOPEDICS, LLC
Patient Therapy Order Requisition

Page: 1

PATIENT

Walker, Gary
726 Watching Ave
Plainfield, NJ 07061H-Phone:
W-Phone: () - -
C-Phone: (732)-947-7516
Race : Black / African
Account: 15266
DOB : 10/13/1965
Sex : M
Chart:

PRIMARY INSURANCE

Co#: 70 Policy#: PLB088722
D & H Risk MGMNT (WC)
PO Box 68
Newton, NJ 07860Insured Name: Gary Walker
Group Number:
Plan Name :
Expired Date: 00/00/00

THERAPY ORDER

Status : Open
Doctor : Warshauer, Jeffrey M., D.O.
Address : 1450 ROUTE 22 WEST
Address2 : SUITE 200
Address3 : MOUNTAINSIDE, NJ 07092-2603
Phone : (908)-364-7801
Therapist:
Address1 :
Address2 :
Phone : Fax:NPI : 1558360222
LIC : 25MB05525300
Fax: (908)-222-2757Ordered Date: 08/27/24
Start Date : 00/00/00
End Date : 00/00/00
Duration : 2 WeeksTherapy
Physical TherapyFrequency:
3 times weekDiagnosis: S33.5xxA Sprain of ligaments of lumbar spine, initial encounter
Diagnosis: M54.50 Low back pain, unspecified

INSTRUCTIONS

☒ EVALUATE & TREAT
☒ T.E.N.S
☒ MASSAGE
☐ ULTRASOUND
☐ WHIRLPOOL☒ THERAPEUTIC EXERCISES
☒ STRENGTHENING PROGRAM
☐ GAIT TRAINING
☒ ELECTRICAL STIM
☐ JOBSTOrdering Physician's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 08/27/24 at 5:05 pm

08/27/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

Walker, Gary
726 WATCHING AVE
APT 2
PLAINFIELD, NJ 07061

PATIENT
H-Phone: DOB :10/13/1965
W-Phone:() - -
C-Phone:(732)-947-7516 Sex :M
Race :Black / African America Chart:
Account:15266

Co#: 70 Policy#: PLB088722
D & H RISK MGMNT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE
Insured Name: GARY WALKER
DOB : 10/13/1965
Group Number:
Plan Name :
Onset Date : 07/19/24

Name :PATIENTS CHOICE

FACILITY INFORMATION
Phone:
Fax :

Status:Ordered
Doctor:Warshauer, Jeffrey M., D.O.
3 PROGRESS STREET,SUITE 1
EDISON, NJ 08820-1180

DIAGNOSTIC IMAGING ORDER
Ordered :08/27/24 5:04 pm
Sched :00/00/00
Acquired:00/00/00
Req# :7879
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI:1558360222
Id :47-2470918

Test Name:	Priority	Acc#
MRI Lumbar Spine W/O Contrast	Routine	7879-9026
Dx: M54.50 Low back pain, unspecified		
Dx: S33.5xxA Sprain of ligaments of lumbar spine, initial encounter		

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 08/27/24 at 5:04 pm