

# F A X S H E E T

Date: 08/30/2024 11:17:49 AM  
To:  
Subject: Patient Document  
Fax Number: 973-940-1852  
To Company:  
From Name: Kinder, Desiree  
From Company: F-Seaview Orthopaedic  
From Facility: F-Seaview Orthopaedic  
Support Contact:  
Number of Page(s): 3

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**SEAVIEW  
ORTHOPAEDICS**

Central Fax: 732-660-6201  
Website: [www.seaviewortho.com](http://www.seaviewortho.com)

**Seaview Pavilion**  
1200 Eagle Avenue  
Suite 100  
Ocean, NJ 07712  
Ph: 732-660-6200

**Clearbrook Commons**  
294 Applegarth Road  
Suite C  
Monroe, NJ 08831  
Ph: 609-495-1888

**Brick Medical Arts Building**  
1640 Route 88 West  
Suite 101 & 203  
Brick, NJ 08724  
Ph: 732-458-7866

**Atlantic Commons**  
500 Barnegat Blvd North  
Building 200  
Barnegat, NJ 08005  
Ph: 609-488-3988

**Patriot's Park**  
222 Schanck Road  
Suite 105 & 300  
Freehold, NJ 07728  
Ph: 732-462-1700

**Holmdel Corp Plaza**  
2139 Route 35 North  
Suite 140  
Holmdel, NJ 07753  
Ph: 732-897-4800

## WORKERS' COMP QUICK NOTE

- ☐ Initial Visit  
☒ Follow-Up Visit

Time In: 10:30 AM

Time Out: 10:30 AM

CLAIM NUMBER: PJWC088150

RE: Luis Perez

ACCOUNT NO: 781049

Date of Injury: 2024-06-04

Date of Evaluation: 08/30/2024

### DIAGNOSIS:

Confusion of right hand, initial encounter - S60.221A (Primary)

Treating Physician: Dr. Vasen

CAUSALITY: ☒ YES ☐ NO is the injury/illness the result of a work-related incident or condition of employment

### RECOMMENDED TREATMENT PLAN:

☐ MRI - ☐ EMG - ☐ CAT scan -

☒ PT ☒ OT ☐ Work conditioning <sup>3</sup> Days Per Week X <sup>4</sup> Weeks

☐ FCE

☐ DME ☐ given ☐ needs to be ordered

☐ Medication Name:

Confusion of right hand, initial encounter:

☐ Other

☐ Referral to specialty:

☐ Injection

☐ Surgery

### WORK STATUS/RESTRICTIONS:

Work comp determinations Work Status Light duty. Avoid gripping, grasping, right hand. Can worker drive? Yes - automatic transmission only. Causality All of the patient's complaints are work-related. Has pt reached MMI? Not yet. Further treatment is indicated.

Discharged from Care: Date:

Follow-Up Visit: 09/20/2024 10:45 AM

I certify that this is my medical opinion and that this treatment plan, including recommendation for therapy, orthopaedic equipment, testing, x-rays, etc. is medically necessary and essential.

\_\_\_\_\_  
Physician Signature

08/30/2024

Date

\*If you need further information regarding the above, please contact the Workers' Compensation Department at 732-774-6200 or FAX your questions to 732-988-1146.

08/30/2024

Order Form

**F-Seaview Orthopaedic**  
222 Schanck Road, Ste 300  
Freehold, NJ, 077282974  
732-462-1700 732-303-8314

Req/Ctrl# (CD-): 6175046  
**Arthur P. Vasen, MD, Ph.D.**  
NPI: 1134188113  
Provider Code: 173906  
Orthopedic Surgery

**Perez, Luis, Male, 03/17/1978** ID: 781049  
Cell: 848-219-3990 4 7th Street, Matawan, NJ, US 07747

Today: 08/30/2024 11:14 AM  
Order Date: 08/30/2024 10:30 AM

RESPONSIBLE PARTY/GUARANTOR INFO:  
Name: City of Perth Amboy,  
DOB:

Primary Insurance Name: D and H Management Corp WC  
Insurance Phone: 973-940-1851  
Insurance Address: PO Box 68 , Newton , NJ , 07860  
Subscriber Number: PJWC088150  
Insured Name: City of Perth Amboy,  
Address: 14 Brookwood Parkway, Jackson, NJ 08527

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	<b>PT Occupational Therapy-Arom</b>	No	- S60.221A, Contusion of right hand, initial encounter	
Routine	<b>PT Occupational Therapy-Functional Exercise</b>	No	- S60.221A, Contusion of right hand, initial encounter	
Routine	<b>PT Occupational Therapy-Strengthening Exercise</b>	No	- S60.221A, Contusion of right hand, initial encounter	
Routine	<b>PT Modalities- PRN</b>	No	- S60.221A, Contusion of right hand, initial encounter	
Routine	<b>PT Occupational Therapy Evaluation</b> Notes: 3x a week for 4 weeks.	No	- S60.221A, Contusion of right hand, initial encounter	

Electronically Signed By: Arthur P. Vasen, MD, Ph.D.

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Perez, Luis, M, 03/17/1978