

FAX COVER SHEET

TO

NAME: Angela Montgomery
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: 04/20/23 11:05 AM
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
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: 04/20/2023

Patient's Name: Debra Calvit

DOB: 06/14/1959

Employer: PLAINFIELD BOE

Date of Injury: 03/27/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: ANGELA MONTGOMERY

Phone Number: 973-704-8951

Fax Number: 973-940-1852

Claim Number: PLB083305

Authorized Injuries/Body Parts: RIGHT KNEE

Diagnoses:

R knee

Treatment:

Medications:

Therapy:

Diagnostic Studies:

NRE @ hr

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:

[Signature]

Work Restrictions:

No Lifting over 10 lbs

Other:

*no climbing
no kneeling*

Return to work date:

Next Appointment:

4/27/23 @ 10:40 AM

INFINITY ORTHOPEDICS, LLC

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



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WARREN, NJ 07059

To Whom it May Concern:

Debra Calvit is currently under my care and was seen in our office today, 04/20/2023 .

- ☐ 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 04/20/2023 .

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 04/27/2023 .

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

Free

04/20/23

INFINITI UROLOGICS, LLC

Page 1

Patient Diagnostic Imaging Order Requisition

PATIENT	
Calvit, Debra	H-Phone: (908)-635-8744
1289 WALD DRIVE	W-Phone: () - -
PLAINFIELD, NJ 07062	C-Phone: (908)-410-1738
	Sex : F
	Race : Black / African America
	Chart:
	Account: 13620

PRIMARY INSURANCE	
Co#: 70 Policy#: PLB083305	Insured Name: DEBRA CALVIT
O & H RISK MGMNT (WC)	DOB : 06/14/1959
PO BOX 68	Group Number:
NEWTON, NJ 07860	Plan Name :
	Onset Date : 03/27/23

FACILITY INFORMATION	
Name : PATIENTS CHOICE	Phone:
	Fax :

DIAGNOSTIC IMAGING ORDER	
Status: Ordered	Ordered : 04/20/23 11:01 am
Doctor: Warshauer, Jeffrey M., D.O.	Sched : 00/00/00
3 PROGRESS STREET, SUITE 1	Acquired: 00/00/00
EDISON, NJ 08820-1180	Req# : 6641
	Phone : (908)-364-7801
	Fax : (908)-222-2757

Test Name:	Priority	Acc#
RI Knee W/O Contrast Right	Routine	6641-7665
ex: 883.8x1A Sprain of other specified parts of right knee, init encntr		

Ordering Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 04/20/23 at 11:01 am