

11/25/24

INFINITY ORTHOPEDICS, LLC

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Patient Therapy Order Requisition

PATIENT

Muhammad, Bahiya
1391 Doremus PL
Hillside, NJ 07205

H-Phone: (973)-885-2720 DOB: 06/05/1980
W-Phone: ()- -
C-Phone: (973)-885-2720 Sex: F
Race: Black / African Chart:
Account: 15535

PRIMARY INSURANCE

Co#: 70 Policy#: HST089859
D & H Risk MGMT (WC)
PO Box 68
Newton, NJ 07860

Insured Name: Bahiya Muhammad
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)-222-2757

Ordered Date: 11/25/24
Start Date: 00/00/00
End Date: 00/00/00
Duration: 2 Weeks

Therapy:
Physical Therapy


Frequency:
3 times week

Diagnosis: S13.4xxA Sprain of ligaments of cervical spine, initial encounter
Diagnosis: S43.401A Unspecified sprain of right shoulder joint, init encntr
Diagnosis: S33.5xxA Sprain of ligaments of lumbar spine, initial encounter

INSTRUCTIONS

☒ EVALUATE & TREAT
☐ T.B.N.S
☐ MASSAGE
☐ ULTRASOUND
☐ WHIRLPOOL

☒ THERAPEUTIC EXERCISES
☒ STRENGTHENING PROGRAM
☐ GAIT TRAINING
☐ ELECTRICAL STIM
☐ JOBST

Ordering Physician's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 11/25/24 at 2:36 pm