

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: 04/16/24 4:57 pm

PAGES: 5

SUBJECT:

Document Distribution

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INFINITY ORTHOPEDICS, LLCJEFFREY 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 07059**WORKERS COMPENSATION PROGRESS NOTE**
(Full Note to Follow Via Fax)

Date: 04/16/2024

Patient's Name: Theodora Miller

DOB: 05/15/1966

Employer: PLAINFIELD BOE

Date of Injury: 01/05/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB086661
SHOULDER/ARM, CHEST

Authorized Injuries/Body Parts: LUMBAR SPINE, CERVICAL SPINE, LEFT

Diagnoses:*C1, C2, C3, C4, C5, C6, C7, C8, T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, T12, L1, L2, L3, L4, L5, S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, S14, S15, S16, S17, S18, S19, S20, S21, S22, S23, S24, S25, S26, S27, S28, S29, S30, S31, S32, S33, S34, S35, S36, S37, S38, S39, S40, S41, S42, S43, S44, S45, S46, S47, S48, S49, S50, S51, S52, S53, S54, S55, S56, S57, S58, S59, S60, S61, S62, S63, S64, S65, S66, S67, S68, S69, S70, S71, S72, S73, S74, S75, S76, S77, S78, S79, S80, S81, S82, S83, S84, S85, S86, S87, S88, S89, S90, S91, S92, S93, S94, S95, S96, S97, S98, S99, S100*Treatment:Medications:Therapy:Diagnostic Studies:*MR, CT, X-ray, and @ chcl*In Office Procedures:Other:Surgery:Work Status:Full Duty ☒
Light Duty ☐
Sedentary Duty ☐
Out of Work ☐Is the patient at MMI? ☐ Yes ☒ NoWork Restrictions:No Lifting over lbs
Other:

Return to work date:

Next Appointment:

*4/30/24 @ 4:50 pm**9*

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:****Theodora Miller is currently under my care and was seen in our office today, 04/16/2024 .**

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 04/16/2024 .
- ☐ 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:

- ☒ The patient will be re-evaluated on 04/30/2024 .

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**

04/16/24

INFINITY ORTHOPEDICS, LLC

Page 1

Patient Diagnostic Imaging Order Requisition

Miller, Theodora
435 PEMBERTON AVE
PLAINFIELD, NJ 07060

PATIENT
H-Phone: (908)-757-7633 DOB : 05/15/1966
W-Phone: () - -
C-Phone: (908)-962-2455 Sex : F
Race : Black / African America Chart:
Account: 14584

Co#: 70 Policy#: PLB086661
D & H RISK MGMNT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: THEODORA MILLER
DOB : 05/15/1966
Group Number:
Plan Name :
Onset Date : 01/05/24

FACILITY INFORMATION

Name : PATIENTS CHOICE

Phone:
Fax :

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

DIAGNOSTIC IMAGING ORDER

Ordered : 04/16/24 4:48 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 7590
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI: 1558360222
Id : 47-2470918

Test Name:
MRI Lumbar Spine W/O Contrast
Dx: M54.50 Low back pain, unspecified

Priority
Routine
Acc#
7590-8712

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 04/16/24 at: 4:49 pm

04/16/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

Miller, Theodora
435 PEMBERTON AVE
PLAINFIELD, NJ 07060

PATIENT

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W-Phone: () - -
C-Phone: (908)-962-2455 Sex : F
Race : Black / African America Chart:
Account: 14584

Co#: 70 Policy#: PLB086661
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: THEODORA MILLER
DOB : 05/15/1966
Group Number:
Plan Name :
Onset Date : 01/05/24

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 : 04/16/24 4:49 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 7591
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI: 1558360222
Id : 47-2470918

Test Name:

MRI Shoulder W/O Contrast Left
Dx: M25.512 Pain in left shoulder

Priority
Routine

Acc#
7591-8713

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 04/16/24 at 4:49 pm