

FAX COVER SHEET

TO

NAME: Carolina Shell
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: 10/04/23 01:23 PM
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SUBJECT:

Document Distribution

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INFINITY ORTHOPEDICS, LLC

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



P: 908-364-7801
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WWW.INFINITYORTHOPEDICSNJ.COM

1450 ROUTE 22 WEST
SUITE 200
MOUNTAIN SIDE, 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: 10/03/2023

Patient's Name: Kimberly Lindland

DOB: 03/06/1969

Employer: PLAINFIELD BOE

Date of Injury: 08/29/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB085047

Authorized Injuries/Body Parts: LEFT HIP, LEFT ANKLE, BILATERAL HANDS

Diagnoses:

① D L; ② D all

Treatment:

Medications:

Therapy:

WTE IT

Diagnostic Studies:

MRI D all

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 lbs

Other:

no running with crutches

Return to work date:

standing

Next Appointment:

11/12/23 w/ crutches
@ 2:20 pm. coming

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To Whom it May Concern:

Kimberly Lindland is currently under my care and was seen in our office today, 10/03/2023 .

- ☐ 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 10/03/2023 .

With the following restrictions:

- ☐ Sedentary duty
- ☒ Light duty
- ☐ No lifting over lbs.
- ☐ Out of Work
- ☐ Surgery Scheduled for:
- ☐ Remain out of work for:
- ☒ Other: NO EXCESSIVE WALKING OR STANDING; NO KNEELING; NO CRAWLING

- ☒ The patient will be re-evaluated on 10/17/2023 .

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

Patient Diagnostic Imaging Order Requisition

Lindland, Kimberly
2 MONTROS AVE
ROSELLE, NJ 07203

PATIENT

H-Phone: (917)-749-2438
W-Phone: ()- -
C-Phone: (917)-749-2438
Race : White
Account: 14188

DOB : 03/06/1969
Sex : F
Chart:

CO#: 70 Policy#: PLB085047
& H RISK MGMT (WC)
PO BOX 68
EWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: KIMBERLY LINDLAND
DOB : 03/06/1969
Group Number:
Plan Name :
Onset Date : 08/29/23

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 : 10/03/23 3:31 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 7059
Phone : (908)-364-7801
Fax : (908)-222-2757

PIN : NPI: 1558360222
id : 47-2470918

Test Name:

RI Ankle W/O Contrast Left

Priority
Routine

Acc#
7059-8127

#: S93.402A Sprain of unspecified ligament of left ankle, init encntr

Ordering Provider's Signature:



Date: