

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: 01/25/24 11:10 AM
PAGES: 4
SUBJECT:

Document Distribution

Confidentiality Note:

The information being provided with this fax may contain protected health information as defined by Federal laws and regulations. This information is intended only for the use of the individual or entity named above. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under Federal and State law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this fax in error, please notify the sender immediately to arrange for the return of these documents.

Please contact the sender, at the above contact information, to verify receipt or if you have any problems with the transmission of this fax.

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: 01/25/2024

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: ① w/l D lumb ③ @ s-l-lab

Treatment:

Medications:

Therapy: 6 visit w/l, lumb, @ s-l-lab

Diagnostic Studies:

In Office Procedures:

Other:

Surgery:

Work Status:

Full Duty ☒
Light Duty ☐
Sedentary Duty ☐
Out of Work ☐

Is the patient at MMI? ☐ Yes ☒ No

Work Restrictions:

No Lifting over lbs
Other:

Return to work date:

Next Appointment: 2/15/24 @ 11 am

AV

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, 01/25/2024 .

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 01/25/2024 .
- ☐ 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 02/15/2024 .

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

Patient Therapy Order Requisition

PATIENT

Miller, Theodora
35 Pemberton Ave
Fairfield, NJ 07060

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

PRIMARY INSURANCE

Policy#: PLB086661
& H Risk MGMT (WC)
PO Box 68
Fairfield, NJ 07060

Insured Name: Theodora Miller
Group Number:
Plan Name :
Expired Date: 00/00/00

THERAPY ORDER

Status : Open
Physician : 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: 01/25/24
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: S40.012A Contusion of left shoulder, initial encounter
Diagnosis: S33.5xxA Sprain of ligaments of lumbar spine, initial encounter

INSTRUCTIONS

☒ EVALUATE & TREAT
☐ T.E.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 01/25/24 at 11:02 am