

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: 03/25/24 4:12 pm

PAGES: 6

SUBJECT:
Document Distribution

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INFINITY ORTHOPEDICS, LLC

JEFFREY 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 07059WORKERS COMPENSATION PROGRESS NOTE
(Full Note to Follow Via Fax)

Date: 03/25/2024

Patient's Name: Alba Jimenez Polanco

DOB: 06/21/1987

Employer: PLAINFIELD BOE

Date of Injury: 01/16/24, Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

Phone Number: 973-940-1851X239

Fax Number: 973-940-1852

Claim Number: PLB086626

Authorized Injuries/Body Parts: NECK, LOWER BACK, BILATERAL SHOULDERS

Diagnoses: Multiple

Treatment:

Medications:

Therapy: 1 additional visit

Diagnostic Studies: MRI C-spine / L-spine / Bk shoulders

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: 4/2/24 @ 4:00pm

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:

Alba Jimenez Polanco is currently under my care and was seen in our office today, 03/25/2024.

- ☐ Please excuse the patient from work today.
☒ The patient may return to work at full duty status on 03/25/2024.
☐ 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 04/08/2024.

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

03/25/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

PATIENT	
Jimenez Polanco, Alba	H-Phone: (908)-636-5803
1214 COLUMBIA AVE APT 1	DOB : 06/21/1987
PLAINFIELD, NJ 07062	W-Phone: () -
	C-Phone: () -
	Sex : F
	Race : White
	Chart: :
	Account: 14676

Co#: 70 Policy#: PLB086626
D & H RISK MGMT (WC)
PO BOX: 68
NEWTON, NJ 07860

PRIMARY INSURANCE
Insured Name: ALBA JIMENEZ POLANCO
DOB : 06/21/1987
Group Number:
Plan Name :
Onset Date : 01/16/24

Name : PATIENTS CHOICE

Phone:
Fax :

Status: Ordered
Doctor: Warshawer, Jeffrey M., D.O.
1450 RT. 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619

DIAGNOSTIC IMAGING ORDER
Ordered : 03/25/24 4:09 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 7535
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI: 1558360222
Id : 47-2470918

Test Name:	Priority	Acc#
MRI Cervical Spine W/O Contrast	Routine	7535-8645
Dx: S13.4xxD Sprain of ligaments of cervical spine, subsequent encounter		
MRI Lumbar Spine W/O Contrast	Routine	7535-8646
Dx: S33.5xxD Sprain of ligaments of lumbar spine, subsequent encounter		
MRI Shoulder W/O Contrast Left	Routine	7535-8648
Dx: S43.402D Unspecified sprain of left shoulder joint, subs encntr		
MRI Shoulder W/O Contrast Right	Routine	7535-8647
Dx: S43.401D Unspecified sprain of right shoulder joint, subs encntr		

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature: 

Electronically signed by agent of provider: Heather A. Pedersen, PA-C on 03/25/24 at 4:09 pm

Patient Therapy Order Requisition

PATIENT

Jimenez Polanco, Alba
1214 Columbia Ave Apt 1
Plainfield, NJ 07062

H-Phone: (908) -636-5803 DOB : 06/21/1987
W-Phone: () -
C-Phone: () -
Race : White Sex : F
Chart :
Account: 14676

PRIMARY INSURANCE

Co#: 70 Policy#: PLB086626
D & H Risk MGMT (WC)
PO Box 68
Newton, NJ 07860

Insured Name: Alba Jimenez Polanco
Group Number:
Plan Name :
Expired Date: 00/00/00

THERAPY ORDER

Status : Open
Doctor : Pedersen, Heather, PA-C
Address : 1450 ROUTE 22 WEST
Address2 : SUITE 200
Address3 : MOUNTAINSIDE, NJ 07092
Phone : (908) -364-7801
Therapist:
Address1 :
Address2 :
Phone : Fax:

Ordered Date: 03/25/24
Start Date : 00/00/00
End Date : 00/00/00
Duration : 2 Weeks
NPI : 1619289824
LIC : 25MP00240600
Fax: (908) -222-2757

Therapy
Physical Therapy

Frequency
3 times week

Diagnosis: S43.401D Unspecified sprain of right shoulder joint, subs encntr
Diagnosis: S43.402D Unspecified sprain of left shoulder joint, subs encntr

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 Pedersen, Heather, PA-C on 03/25/24 at 4:03 pm

03/25/24

INFINITY ORTHOPEDICS, LLC
Patient Therapy Order Requisition

Page 1

PATIENT		
Jimenez Polanco, Alba	H-Phone: (908)-636-5803	DOB : 06/21/1987
1214 Columbia Ave Apt 1	W-Phone: () - -	
Plainfield, NJ 07062	C-Phone: () - -	Sex : F
	Race : White	Chart:
	Account: 14676	

THERAPY ORDER		
Status : Open		Ordered Date: 03/25/24
Doctor : Warshauer, Jeffrey M., D.O.	NPI : 1558360222	Start Date : 00/00/00
Address : 1450 ROUTE 22 WEST	LIC : 25MB05525300	End Date : 00/00/00
Address2 : SUITE 200		Duration : 2 Weeks
Address3 : MOUNTAINSIDE, NJ 07092-2603		
Phone : (908)-364-7801	Fax: (908)-222-2757	
Therapist:		
Address1 :		
Address2 :		
Phone :	Fax:	

Therapy	Frequency
Physical Therapy	3 times week

Diagnosis: S13.4xxD Sprain of ligaments of cervical spine, subsequent encounter
Diagnosis: S33.5xxD Sprain of ligaments of lumbar spine, subsequent encounter

INSTRUCTIONS	
<input checked="" type="checkbox"/> EVALUATE & TREAT	<input checked="" type="checkbox"/> THERAPEUTIC EXERCISES
<input checked="" type="checkbox"/> T.E.N.S	<input checked="" type="checkbox"/> STRENGTHENING PROGRAM
<input checked="" type="checkbox"/> MASSAGE	<input type="checkbox"/> GAIT TRAINING
<input type="checkbox"/> ULTRASOUND	<input checked="" type="checkbox"/> ELECTRICAL STIM
<input type="checkbox"/> WHIRLPOOL	<input type="checkbox"/> JOBST

Ordering Physician's Signature: 

Electronically signed by Warshauer, Jeffrey M., D.O. on 03/25/24 at 14:08 pm