

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: 06/19/23 03:27 PM
PAGES: 5
SUBJECT:

Document Distribution

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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: 06/19/2023

Patient's Name: Jhonny Franco

DOB: 06/24/1960

Employer: PLAINFIELD BOE

Date of Injury: 05/23/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB08404301
LEFT KNEE

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

Diagnoses: *mult. l. k*

Treatment:

Medications:

Therapy: *6 visits - w/1, l-k, D & H, D & H*

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

Physician/PA Signature: *[Signature]*

Work Restrictions:

No Lifting over lbs
Other:

Return to work date:

Next Appointment: *7/19/23 @ 5:00pm*

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JEFFREY M. WARSHAUER, D.O.
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WARREN, NJ 07059

To Whom it May Concern:

Jhonny Franco is currently under my care and was seen in our office today, 06/19/2023 .

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 06/19/2023 .
- ☐ The patient may return to work on 00/00/0000 .

With the following restrictions:

- ☐ Sedentary duty
- ☐ Light duty
- ☐ No lifting over 1bs.
- ☐ Out of Work
- ☐ Surgery Scheduled for:
- ☐ Remain out of work for:
- ☐ Other:

- ☒ The patient will be re-evaluated on 07/10/2023 .

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

06/19/23

INFINITY ORTHOPEDICS, LLC
Patient Therapy Order Requisition

Page 1

PATIENT

Franco, Jhonny
238 South Washington Ave
Dunellen, NJ 08812H-Phone: (908)-966-1257 DOB : 06/24/1960
W-Phone: () - -
C-Phone: () - - Sex : F
Race : White Chart:
Account: 13825

PRIMARY INSURANCE

Co#: 70 Policy#: PLB08404301
D & H Risk MGMT (WC)
PO Box 68
Newton, NJ 07860Insured Name: Jhonny Franco
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)-364-7801NPI : 1619289824
LIC : 25MP00240600
Fax: (908)-222-2757Ordered Date: 06/19/23
Start Date : 00/00/00
End Date : 06/00/00
Duration : 2 WeeksTherapist:
Address1 :
Address2 :
Phone : Fax:Therapy
Physical TherapyFrequency
3 times weekDiagnosis: S13.4xxA Sprain of ligaments of cervical spine, 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 Pedersen, Heather, PA-C on 06/19/23 at 3:23 pm

Patient Therapy Order Requisition

PATIENT	
Franco, Jhonny 238 South Washington Ave Dunellen, NJ 08812	H-Phone: (908)-966-1257 DOB : 06/24/1960 W-Phone: () - - C-Phone: () - - Sex : F Race : White Chart : Account: 13825
PRIMARY INSURANCE	
Co#: 70 Policy#: FLB06404301 D & H Risk MGMT (WC) PO Box 68 Newton, NJ 07860	Insured Name: Jhonny Franco 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:	NPI : 1619289824 LIC : 25MP00240600 Duration : 2 Weeks Ordered Date: 06/19/23 Start Date : 00/00/00 End Date : 00/00/00 Fax: (908)-222-2757

Therapy Frequency
Physical Therapy 3 times week

Diagnosis: S83.8x2A Sprain of other specified parts of left knee, init encntr
Diagnosis: S43.402A Unspecified sprain of left shoulder joint, initial 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 checked="" 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 Pedersen, Heather, PA-C on 06/19/23 at 3:24 pm