



Central Fax: 732-660-6201  
Website: www.seaviewortho.com

**Seaview Pavilion**  
1200 Eagle Avenue  
Suite 100  
Ocean, NJ 07712  
Ph: 732-660-6200

**Clearbrook Commons**  
294 Applegarth Road  
Suite C  
Monroe, NJ 08831  
Ph: 609-495-1888

**Brick Medical Arts Building**  
1640 Route 88 West  
Suite 101 & 203  
Brick, NJ 08724  
Ph: 732-458-7866

**Atlantic Commons**  
500 Barnegat Blvd North  
Building 200  
Barnegat, NJ 08005  
Ph: 609-488-3988

**Patriot's Park**  
222 Schanck Road  
Suite 105 & 300  
Freehold, NJ 07728  
Ph: 732-462-1700

**Holmdel Corp Plaza**  
2139 Route 35 North  
Suite 140  
Holmdel, NJ 07753  
Ph: 732-897-4800

## WORKERS' COMP QUICK NOTE

- ☒ Initial Visit  
☐ Follow-Up Visit

Time In: 8:00 AM

Time Out: 8:00 AM

CLAIM NUMBER: PJWC083550

RE: Hani Tawfik

ACCOUNT NO: 744639

Date of Injury: 2024-04-25

Date of Evaluation: 05/15/2024

### DIAGNOSIS:

Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter - S83.241A (Primary)

Treating Physician: Dr. Spagnuola

CAUSALITY: ☒ YES ☐ NO is the injury/illness the result of a work-related incident or condition of employment

### RECOMMENDED TREATMENT PLAN:

☒ MRI - ☐ EMG - ☐ CAT scan -

☐ PT ☐ OT ☐ Work conditioning <sup>3</sup> Days Per Week X <sup>4</sup> Weeks

☐ FCE

☐ DME ☐ given ☐ needs to be ordered

☐ Medication Name:

Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter:

☐ Other

☐ Referral to specialty:

☐ Injection

☐ Surgery

### WORK STATUS/RESTRICTIONS:

Work comp determinations Work Status Light duty from today to next appointment. Sedentary work only 5 days/week. Can worker drive? Yes. Causality All of the patient's complaints are work-related. Has pt reached MMI? Not yet. Further treatment is indicated.

Discharged from Care: Date:

Follow-Up Visit: 06/05/2024 8:15 AM

I certify that this is my medical opinion and that this treatment plan, including recommendation for therapy, orthopaedic equipment, testing, x-rays, etc. is medically necessary and essential.

Physician Signature

05/15/2024

Date

\*If you need further information regarding the above, please contact the Workers' Compensation Department at 732-774-6200 or FAX your questions to 732-988-1146.

05/15/2024

**Order Form**

**F-Seaview Orthopaedic**

📍 222 Schanck Road, Ste 300  
Freehold, NJ, 077282974  
☎ 732-462-1700 📠 732-303-8314

Req/Ctrl# (CD-): 6065385  
**C. J. Spagnuolo, MD**  
NPI: 1831158815  
Provider Code: 173908  
Orthopedic Surgery

**Tawfik, Hani, Male, 06/28/1982** ID: 744639  
Home: 732-684-1522 Cell: 732-684-1522 📍 20 South Maplewood Ave, Keasbey, NJ 08832  
Email: hani0628@yahoo.com

Today: 05/15/2024 08:33 AM  
Order Date: 05/15/2024 08:00 AM

**RESPONSIBLE PARTY/GUARANTOR INFO:**  
Name: Tawfik, Hani  
DOB: 06/28/1982

**Primary Insurance Name:** D and H Management Corp WC  
**Insurance Phone:** 973-940-1851  
**Insurance Address:** PO Box 68 , Newton , NJ , 07860  
**Subscriber Number:** PJWC083550  
**Insured Name:** City of Perth Amboy,  
**Address:** 14 Brookwood Parkway, Jackson, NJ 08527

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	<b>PT Evaluate and Treat</b> Notes: 3x a week for 4 weeks	No	- S83.241A, Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter	



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**Electronically Signed By: C. J. Spagnuolo, MD**

.....  
**Signature of Patient/Guardian**

Order generated by eClinicalWorks (www.eclinicalworks.com)

**Tawfik, Hani, M, 06/28/1982**

**Order Form**

**F-Seaview Orthopaedic**

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NPI: 1831158815  
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Orthopedic Surgery

**Tawfik, Hani, Male, 06/28/1982** ID: 744639

Home: 732-684-1522 Cell: 732-684-1522 📍 20 South Maplewood Ave, Keasbey, NJ 08832

Email: hani0628@yahoo.com

Today: 05/15/2024 08:33 AM

Order Date: 05/15/2024 08:00 AM

**RESPONSIBLE PARTY/GUARANTOR INFO:**

Name: Tawfik, Hani

DOB: 06/28/1982

**Primary Insurance Name:** D and H Management Corp WC

**Insurance Phone:** 973-940-1851

**Insurance Address:** PO Box 68 , Newton , NJ , 07860

**Subscriber Number:** TJWC087864

**Insured Name:** Tawfik, Hani

**Address:** 20 South Maplewood Ave, Keasbey, NJ 08832

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	<b>MRI Knee, right w/o contrast</b>	No	- S83.241A, Tear of medial meniscus of right knee, current, unspecified tear type, initial encounter	



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**Electronically Signed By: C. J. Spagnuolo, MD**

.....  
**Signature of Patient/Guardian**

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**Tawfik, Hani, M, 06/28/1982**