

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: 10/15/24 4:35 pm

PAGES: 4

SUBJECT:

Document Distribution

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INFINITY ORTHOPEDICS, LLC

JITREY M. WARSHAUER, D.O.
HEATHER A. PEDERSEN, PA-CP: 908-364-7801
F: 908-222-2757

WWW.INFINITYORTHOPEDICS.NJ.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: 10/15/2024

Patient's Name: Preeti Kataria

DOB: 07/29/1969

Employer: PLAINFIELD BOE

Date of Injury: 09/30/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB089388

Authorized Injuries/Body Parts: LEFT KNEE

Diagnoses:

C P h

Treatment:

Medications:

Therapy:

Cecil

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:

10/29/24 @ 3:30pm

Physician/PA Signature:

INFINITY ORTHOPEDICS, LLC

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



P: 908-364-7801
F: 908-222-2757

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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

To Whom it May Concern:

Preeti Kataria is currently under my care and was seen in our office today, 10/15/2024 .

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 10/15/2024 .
- ☐ 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 10/29/2024 .

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

10/15/24

INFINITY ORTHOPEDICS, LLC
Patient Therapy Order Requisition

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PATIENT

Kataria, Preeti
9 Jenna Drive
Bridgewater, NJ 08807H-Phone: (908)-307-3410 DOB : 07/29/1969
W-Phone: () - -
C-Phone: (908)-307-3410 Sex : F
Race : Declined to Spec Chart:
Account: 15385

PRIMARY INSURANCE

Co#: 70 Policy#: PLB089388
D & H Risk MGMNT (WC)
PO Box 68
Newton, NJ 07860Insured Name: Preeti Kataria
Group Number:
Plan Name :
Expired Date: 00/00/00

THERAPY ORDER

Status : Open
Doctor : 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)-222-2757Ordered Date: 10/15/24
Start Date : 00/00/00
End Date : 00/00/00
Duration : 2 WeeksTherapy
Physical TherapyFrequency
3 times week

Diagnosis: S80.02xA Contusion of left knee, 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 10/15/24 at 4:32 pm