

12/05/24

INFINITY ORTHOPEDICS, LLC  
Patient Therapy Order Requisition

Page 1

Randle, Maurice  
126 Williams St  
Roselle, NJ 07203PATIENT  
H-Phone: (973)-517-5239 DOB : 08/14/1969  
W-Phone: ( ) - -  
C-Phone: ( ) - - Sex : M  
Race : Black / African Chart :  
Account: 15564Co#: 70 Policy#: PJWC089656  
D & H Risk: MGMNT (WC)  
PO Box 68  
Newton, NJ 07860PRIMARY INSURANCE  
Insured Name: Maurice Randle  
Group Number:  
Plan Name :  
Expired Date: 00/00/00Status : 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:THERAPY ORDER  
NPI : 1558360222  
LIC : 25MB05525300  
Fax: (908)-222-2757Ordered Date: 12/05/24  
Start Date : 00/00/00  
End Date : 00/00/00  
Duration : 2 WeeksTherapy  
Physical TherapyFrequency  
3 times weekDiagnosis: S43.402A Unspecified sprain of left shoulder joint, initial encounter  
Diagnosis: M25.512 Pain in left shoulder

## 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 12/05/24 at 3:09 pm

12/05/24

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Patient Diagnostic Imaging Order Requisition

Page 1

Randle, Maurice  
126 WILLIAMS ST  
ROSELLE, NJ 07203

## PATIENT

H-Phone: (973)-517-5239 DOB : 08/14/1969  
W-Phone: ( )- -  
C-Phone: ( )- - Sex : M  
Race : Black / African America Chart:  
Account: 15564Co#: 70 Policy#: PJWC089656  
D & H RISK MGMT (WC)  
PO BOX 68  
NEWTON, NJ 07860

## PRIMARY INSURANCE

Insured Name: MAURICE RANDLE  
DOB : 08/14/1969  
Group Number:  
Plan Name :  
Onset Date : 10/21/24

Name : PATIENTS CHOICE

## FACILITY INFORMATION

Phone:  
Fax :Status: Ordered  
Doctor: Warshawer, Jeffrey M., D.O.  
3 PROGRESS STREET, SUITE 1  
EDISON, NJ 08820-1180

## DIAGNOSTIC IMAGING ORDER

Ordered: 12/05/24 3:09 pm  
Sched: 00/00/00  
Acquired: 00/00/00  
Req#: 8093  
Phone: (908)-364-7801  
Fax: (908)-222-2757UPIN : NPI: 1558360222  
Id : 47-2470918

## Test Name:

MRI Shoulder W/O Contrast Left

Priority

Acc#

Dx: M25.512 Pain in left shoulder

Routine

8093-9272

Dx: S43.402A Unspecified sprain of left shoulder joint, initial encounter

## PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 12/05/24 at 3:09 pm