

INFINITY ORTHOPEDICS, LLC

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

WWW.INFINITYORTHOPEDICSNJ.COM

P: 908-364-7801
F: 908-222-27571450 ROUTE 22 WEST
SUITE 200
MOUNTAINSIDE, NJ 070923 PROGRESS ST
SUITE 106
EDISON, NJ 08820MAILING ADDRESS:
PO BOX 4290
WARREN, NJ 07059**WORKERS COMPENSATION PROGRESS NOTE**
(Full Note to Follow Via Fax)

Date: 04/15/2024

Patient's Name: Andre Crawford

DOB: 06/19/1964

Employer: PLAINFIELD BOE

Date of Injury: 09/06/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB0851040 Authorized Injuries/Body Parts: LEFT SHOULDER

Diagnoses: *D shoulder***Treatment:****Medications:**Therapy: *3x week x 4 weeks***Diagnostic Studies:**In Office Procedures: *suture removal*Other: *DK sling***Surgery:****Work Status:**Full Duty ☐
Light Duty ☐
Sedentary Duty ☐
Out of Work ☒Is the patient at MMI? ☐ Yes ☒ NoPhysician/PA Signature: *[Signature]***Work Restrictions:**No Lifting over lbs
Other:

Return to work date:

Next Appointment: *4/29/24 @ 3pm*

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JEFFREY M. WARSHAUER, D.O.
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P: 908-364-7801
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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:

Andre Crawford is currently under my care and was seen in our office today, 04/15/2024 .

- ☐ Please excuse the patient from work today.
- ☐ The patient may return to work at full duty status on 00/00/0000 .
- ☐ 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 04/29/2024 .

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

04/15/24

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Patient Therapy Order Requisition

PATIENT

Crawford, Andre
19 Melrose Ave
Plainfield, NJ 07063

H-Phone:(908)-672-3170 DOB :06/19/1964
W-Phone:()- -
C-Phone:()- - Sex :M
Race :Black / African Chart:
Account:14207

PRIMARY INSURANCE

Co#: 70 Policy#: PLB0851040
D & H Risk MGMNT (WC)
PO Box 68
Newton,NJ 07860

Insured Name: Andre Crawford
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: 04/15/24
Start Date : 00/00/00
End Date : 00/00/00
Duration : 4 Weeks
NPI : 1619289824
LIC : 25MP00240600
Fax: (908)-222-2757

Therapy Frequency
Physical Therapy 3 times per week

Diagnosis: M24.612 Ankylosis, left shoulder

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 Pedersen,Heather,PA-C on 04/15/24 at 1:34 pm