

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: 12/05/24 3:31 pm

PAGES: 4

SUBJECT:

Document Distribution

Confidentiality Note:

The information being provided with this fax may contain protected health information as defined by Federal laws and regulations. This information is intended only for the use of the individual or entity named above. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under Federal and State law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this fax in error, please notify the sender immediately to arrange for the return of these documents.

Please contact the sender, at the above contact information, to verify receipt or if you have any problems with the transmission of this fax.

INFINITY ORTHOPEDICS, LLC

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

WWW.INFINITYORTHOPEDICSNJ.COM

1450 ROUTE 22 WEST
SUITE 200
MOUNTAIN SIDE, 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: 12/05/2024

Patient's Name: Tonja Decaro

DOB: 04/22/1964

Employer: PLAINFIELD BOE

Date of Injury: 06/10/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

Phone Number: 973-940-1851

Fax Number: 973-940-1852

Claim Number: PLB088215
SPINE, CERVICAL SPINE

Authorized Injuries/Body Parts: LEFT SHOULDER, LEFT KNEE, LEFT ANKLE, LUMBAR

Diagnoses:

C multilevel

Treatment:

Medications:

Therapy:

Diagnostic Studies:

MRI @ L

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:

12/6/24

Next Appointment:

12/17/24 @ 3:20 pm

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

To Whom it May Concern:

Tonja Decaro is currently under my care and was seen in our office today, 12/05/2024.

- ☐ Please excuse the patient from work today.
☒ The patient may return to work at full duty status on 12/06/2024.
☐ 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 12/17/2024.

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

12/05/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

Decaro, Tonja
247 S WALNUT ST
BATH, PA 18014

PATIENT

H-Phone: (201)-388-4260 DOB : 04/22/1964
W-Phone: ()- -
C-Phone: ()- - Sex : F
Race : Declined to Specify / U Chart:
Account: 15190Co#: 70 Policy#: PLB088215
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: TONJA DECARO
DOB : 04/22/1964
Group Number:
Plan Name :
Onset Date : 06/10/24

Name : PATIENTS CHOICE

FACILITY INFORMATION

Phone:
Fax :

Status: Ordered

Doctor: Warshauer, Jeffrey M., D.O.
3 PROGRESS STREET, SUITE 1
EDISON, NJ 08820-1180

DIAGNOSTIC IMAGING ORDER


Ordered : 12/05/24 3:27 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 8094
Phone : (908)-364-7801
Fax : (908)-222-2757UPIN : NPI: 1558360222
Id : 47-2470918

Test Name:

MRI Knee W/O Contrast Left
Dx: M25.562 Pain in left kneePriority
Routine
Acc#
8094-9273

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 3:27 pm