

11/05/24

INFINITY ORTHOPEDICS, LLC  
Patient Therapy Order Requisition

Page 1

## PATIENT

Leiva, Jessica  
1025 W. Blancke St Apt 8C  
Linden, NJ 07036H-Phone: ( ) - - DOB : 11/23/1986  
W-Phone: ( ) - -  
C-Phone: (732) - 824-1424 Sex : F  
Race : White Chart :  
Account: 15471

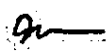
## PRIMARY INSURANCE

Co#: 70 Policy#: PJWC089558  
D & H Risk MGMNT (WC)  
PO Box 68  
Newton, NJ 07860Insured Name: Jessica Leiva  
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: 11/05/24  
Start Date : 00/00/00  
End Date : 00/00/00  
Duration : 2 WeeksTherapy  
Physical TherapyFrequency  
3 times weekDiagnosis: S50.01xA Contusion of right elbow, initial encounter  
Diagnosis: M77.11 Lateral epicondylitis, right elbow  
Diagnosis: M25.521 Pain in right elbow

## INSTRUCTIONS

☒ EVALUATE & TREAT  
☐ T.E.N.S.  
☐ MASSAGE  
☐ ULTRASOUND  
☐ WHIRLPOOL☒ THERAPEUTIC EXERCISES  
☒ STRENGTHENING PROGRAM  
☐ GAIT TRAINING  
☐ ELECTRICAL STIM  
☐ JOBSTOrdering Physician's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 11/05/24 at 4:14 pm