

09/09/24

INFINITY ORTHOPEDICS, LLC

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## Patient Therapy Order Requisition

## PATIENT

Kupchak, Christopher  
321 East 4TH Ave  
Roselle, NJ 07203

H-Phone: (908)-456-4106 DOB: 09/09/1986  
W-Phone: ( ) - -  
C-Phone: ( ) - - Sex: M  
Race: White Chart:  
Account: 15292

## PRIMARY INSURANCE

Co#: 70 Policy#: PJWC089072  
D & H Risk MGMT (WC)  
PO Box 68  
Newton, NJ 07860

Insured Name: Christopher Kupchak  
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:

NPI: 1619289824  
LIC: 25MP00240600  
Fax: (908)-222-2757

Ordered Date: 09/09/24  
Start Date: 00/00/00  
End Date: 00/00/00  
Duration: 2 Weeks

Therapy  
Physical Therapy

Frequency  
3 times week

Diagnosis: S33.5XXA Sprain of ligaments of lumbar spine, initial encounter  
Diagnosis: M54.50 Low back pain, unspecified

## 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 Pedersen, Heather, PA-C on 09/09/24 at 5:12 pm