

FAX COVER SHEET

TO

NAME: Carolina Shell
COMPANY:

FAX PHONE: 19739401852

FROM

NAME: Sandra Manresa
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: 02/05/24 05:09 PM
PAGES: 4
SUBJECT:

Document Distribution

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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
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: 02/05/2024

Patient's Name: Diana Saenz Torres

DOB: 01/03/1963

Employer: PLAINFIELD BD OF EDUCATION

Date of Injury: 01/26/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB086732
RIGHT SHOULDER

Authorized Injuries/Body Parts: LEFT ANKLE, LEFT KNEE, LEFT HAND, RIGHT ELBOW ,

Diagnoses: *multif.*

Treatment:

Medications:

Therapy: *6 visits @ shell, @ delin. @ h*

Diagnostic Studies:

In Office Procedures:

Other: *in exch*

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:

date def 2/6/24

Next Appointment:

2/26/24 @ 2:50 pm

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



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SUITE 106
EDISON, NJ 08820

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PO BOX 4290
WARREN, NJ 07059

To Whom it May Concern:

Diana Saenz Torres is currently under my care and was seen in our office today, 02/05/2024 .

- ☐ 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 02/06/2024 .

With the following restrictions:

- ☒ Sedentary duty/DESK 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 02/26/2024 .

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

Patient Therapy Order Requisition

PATIENT

Saenz Torres, Diana
 815 Berckman St
 Plainfield, NJ 07062

H-Phone: (908)-230-0326
 W-Phone: () - -
 C-Phone: () - -
 Race : White
 Account: 14621

DOB : 01/03/1963
 Sex : F
 Chart:

PRIMARY INSURANCE

Co#: 70 Policy#: PLB086732
 D & H Risk MGMT (WC)
 PO Box 68
 Newton, NJ 07860

Insured Name: Diana Saenz Torres
 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 : 1619289624
 LIC : 25MP00240600
 Fax: (908)-222-2757

Ordered Date: 02/05/24
 Start Date : 00/00/00
 End Date : 00/00/00
 Duration : 2 Weeks


Therapy Frequency
 Physical Therapy 3 times week

Diagnosis: S50.01xA Contusion of right elbow, initial encounter
 Diagnosis: S43.401A Unspecified sprain of right shoulder joint, init encntr
 Diagnosis: S80.02xA Contusion of left knee, initial encounter

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 02/05/24 at 4:58 pm