



**SEAVIEW
ORTHOPAEDICS**

Central Fax: 732-660-6201
Website: www.seaviewortho.com

Seaview Pavilion
1200 Eagle Avenue
Suite 100
Ocean, NJ 07712
Ph: 732-660-6200

Clearbrook Commons
294 Applegarth Road
Suite C
Monroe, NJ 08831
Ph: 609-495-1888

Brick Medical Arts Building
1640 Route 88 West
Suite 101 & 203
Brick, NJ 08724
Ph: 732-458-7866

Atlantic Commons
500 Barnegat Blvd North
Building 200
Barnegat, NJ 08005
Ph: 609-488-3988

Patriot's Park
222 Schanck Road
Suite 105 & 300
Freehold, NJ 07728
Ph: 732-462-1700

Holmdel Corp Plaza
2139 Route 35 North
Suite 140
Holmdel, NJ 07753
Ph: 732-897-4800

WORKERS' COMP QUICK NOTE

- ☐ Initial Visit
☒ Follow-Up Visit

Time In: 8:45 AM

Time Out: 8:45 AM

CLAIM NUMBER: PJWC087828

RE: Leslie Cummings

ACCOUNT NO: 778630

Date of Injury: 2024-05-03

Date of Evaluation: 08/28/2024

DIAGNOSIS:

Strain of left pectoralis muscle, initial encounter - S29.011A (Primary)

Treating Physician: Dr. Spagnuolo

CAUSALITY: ☒ YES ☐ NO is the injury/illness the result of a work-related incident or condition of employment

RECOMMENDED TREATMENT PLAN:

- ☐ MRI - ☐ EMG - ☐ CAT scan -
- ☒ PT ☐ OT ☐ Work conditioning ³ Days Per Week X ³ Weeks
- ☐ FCE
- ☐ DME ☐ given ☐ needs to be ordered
- ☐ Medication Name:

Strain of left pectoralis muscle, initial encounter:

- ☐ Other
- ☐ Referral to specialty:
- ☐ Injection
- ☐ Surgery

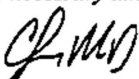
WORK STATUS/RESTRICTIONS:

Work comp determinations Can worker drive? Yes. Causality All of the patient's complaints are work-related. Has pt reached MMI? Not yet. Further treatment is indicated. Avoid Over head use of left arm. repetitive use, pushing, pulling with left arm. Work Status Light duty from today to next appointment. No Lifting Greater than 15 lbs. No Carrying Greater than 15 lbs.

Discharged from Care: Date:

Follow-Up Visit: 09/18/2024 8:45 AM

I certify that this is my medical opinion and that this treatment plan, including recommendation for therapy, orthopaedic equipment, testing, x-rays, etc. is medically necessary and essential.



Physician Signature

08/28/2024

Date

*If you need further information regarding the above, please contact the Workers' Compensation Department at 732-774-6200 or FAX your questions to 732-988-1146.

08/28/2024

Order Form

M-Seaview Orthopaedics
294 Applegarth Road, Suite C
Monroe Township, NJ, 08831-3809
609-495-1888 609-662-4467

Req/Ctrl# (CD-): 6230173
C. J. Spagnuolo, MD
NPI: 1831158815
Provider Code: 173908
Orthopedic Surgery

Cummings, Leslie, Male, 11/11/1976 ID: 778630
Cell: 908-523-7320 216 EAST 8TH AVENUE, Roselle, NJ, US 07203
Email: lcummings@yahoo.com

Today: 08/28/2024 09:35 AM
Order Date: 08/28/2024 08:45 AM

RESPONSIBLE PARTY/GUARANTOR INFO:
Name: Cummings, Leslie
DOB: 11/11/1976

Primary Insurance Name: D and H Management Corp WC
Insurance Phone: 973-940-1851
Insurance Address: PO Box 68 , Newton , NJ , 07860
Subscriber Number: PJWC087828
Insured Name: Cummings, Leslie
Address: 216 EAST 8TH AVENUE, Roselle, NJ, US 07203

Priority	Diagnostic Name	Fast	Assessment(s)	Instructions
Routine	PT Evaluate and Treat Notes: 3 times a week for 3 weeks	No	- S29.011A, Strain of left pectoralis muscle, initial encounter	



Electronically Signed By: C. J. Spagnuolo, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Cummings, Leslie, M, 11/11/1976

