

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: 11/18/24 4:10 pm

PAGES: 6

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 07059WORKERS COMPENSATION PROGRESS NOTE
(Full Note to Follow Via Fax)

Date: 11/18/2024

Patient's Name: Scarlett Torrez

DOB: 03/26/1986

Employer: PLAINFIELD BOE

Date of Injury: 10/08/24 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB089508

Authorized Injuries/Body Parts: LUMBAR SPINE, CERVICAL SPINE, RIGHT SHOULDER

Diagnoses: L-spine IC-spine

Treatment:

Medications:

Therapy:

Diagnostic Studies: MRI C-spine MRI L-spine

In Office Procedures:

Other:

Surgery:

Work Status:

Full Duty ☒Light Duty ☐Sedentary Duty ☐Out of Work ☐

Work Restrictions:

No Lifting over lbs

Other:

Return to work date:

Is the patient at MMI? ☐ Yes ☒ No

Next Appointment: 12/2/24 @ 4:50 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:

Scarlett Torrez is currently under my care and was seen in our office today, 11/18/2024.

- ☐ Please excuse the patient from work today.
☒ The patient may return to work at full duty status on 11/18/2024.
☐ 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 12/02/2024.

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

11/18/24

INFINITY ORTHOPEDICS, LLC
Patient Therapy Order Requisition

Page 1

PATIENT

Torrez, Scarlett
1717 W 7TH St
Piscataway, NJ 08854

H-Phone: (347)-882-8899
W-Phone: ()-
C-Phone: ()-
Race : White
Account: 15475

DOB : 03/26/1986
Sex : F
Chart:

THERAPY ORDER

Status : Open
Doctor : Warshauer, Jeffrey M., D.O. NPI : 1558360222
Address : 1450 ROUTE 22 WEST LIC : 25MB05525300
Address2 : SUITE 200
Address3 : MOUNTAINSIDE, NJ 07092-2603
Phone : (908)-364-7801 Fax: (908)-222-2757
Therapist:
Address1 :
Address2 :
Phone : Fax:

Ordered Date: 11/18/24
Start Date : 00/00/00
End Date : 00/00/00
Duration : 2 Weeks

Therapy : Frequency
Physical Therapy 3 times week

Diagnosis: S13.4xxA Sprain of ligaments of cervical spine, initial encounter
Diagnosis: S30.0xxA Contusion of lower back and pelvis, initial encounter

INSTRUCTIONS

<input checked="" type="checkbox"/> EVALUATE & TREAT	<input checked="" type="checkbox"/> THERAPEUTIC EXERCISES
<input type="checkbox"/> T.E.N.S	<input checked="" type="checkbox"/> STRENGTHENING PROGRAM
<input type="checkbox"/> MASSAGE	<input type="checkbox"/> GAIT TRAINING
<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> ELECTRICAL STIM
<input type="checkbox"/> WHIRLPOOL	<input type="checkbox"/> JOBST

Ordering Physician's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 11/18/24 at 3:58 pm

11/18/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

Torrez, Scarlett
1717 W 7TH ST
PISCATAWAY, NJ 08854PATIENT
H-Phone: (347)-882-8899 DOB : 03/26/1986
W-Phone: () - -
C-Phone: () - - Sex : F
Race : White Chart:
Account: 15475Co#: 70 Policy#: PLB089508
D: E H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860PRIMARY INSURANCE
Insured Name: SCARLETT TORREZ
DOB : 03/26/1986
Group Number:
Plan Name :
Onset Date : 10/08/24

Name : PATIENTS CHOICE

FACILITY INFORMATION
Phone:
Fax :Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619DIAGNOSTIC IMAGING ORDER
Ordered : 11/18/24 3:58 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 8040
Phone : (908)-364-7801
Fax : (908)-222-2757UPIN : NPI: 1558360222
Id : 47-2470918Test Name:
MRI Cervical Spine W/O Contrast
Dx: M54.2 CervicalgiaPriority
Routine
Acc#
8040-9212

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 11/18/24 at 3:58 pm

11/18/24

INFINITY ORTHOPEDICS, LLC
Patient Diagnostic Imaging Order Requisition

Page 1

Torrez, Scarlett
1717 W 7TH ST
PISCATAWAY, NJ 08854

PATIENT

H-Phone: (347)-882-8899
W-Phone: ()-
C-Phone: ()-
Race : White
Account: 15475DOB: 03/26/1986
Sex : F
Chart:

PRIMARY INSURANCE

Co#: 70 Policy#: PLB089508
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860Insured Name: SCARLETT TORREZ
DOB : 03/26/1986
Group Number:
Plan Name :
Onset Date : 10/08/24

FACILITY INFORMATION

Name : PATIENTS CHOICE

Phone:
Fax :Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619UPIN : NPI: 1558360222
Id : 47-2470918

DIAGNOSTIC IMAGING ORDER

Ordered : 11/18/24 3:59 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 8041
Phone : (908)-364-7801
Fax : (908)-222-2757Test Name:
MRI Lumbar Spine W/O Contrast
Dx: M54.50 Low back pain, unspecifiedPriority
Routine
Acc#
8041-9213

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 11/18/24 at 3:59 pm