

FAX COVER SHEET

TO

NAME: Carolina Shell
COMPANY:

FAX PHONE: 19739401852

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: 08/31/23 11:12 AM
PAGES: 4
SUBJECT:

Document Distribution

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INFINITY ORTHOPEDICS, LLC

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



P: 908-364-7801
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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

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

Date: 08/31/2023

Patient's Name: Vanessa Wilson

DOB: 09/01/1961

Employer: PLAINFIELD BOE

Date of Injury: 06/22/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB084289
SHOULDER

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

Diagnoses:

① D Lh Lh ② D Lh ③ D Lh

Treatment:

Medications:

Therapy:

Diagnostic Studies:

MRI @ Lh Lh

In Office Procedures:

· 8 D Lh

Other:

Surgery:

Work Status:

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

Work Restrictions:

No Lifting over 16 lbs
Other:

Return to work date:

Is the patient at MMI? ☐ Yes ☐ No

Next Appointment: 9/12/23 @ 2 p.m.

CV

INFINITY ORTHOPEDICS, LLC

JEFFREY M. WARSHAUER, D.O.
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To Whom it May Concern:

Vanessa Wilson is currently under my care and was seen in our office today, 08/31/2023 .

- ☐ 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 08/31/2023 .

With the following restrictions:

- ☐ Sedentary duty
- ☒ Light duty
- ☒ No lifting over 10 lbs.
- ☐ Out of Work
- ☐ Surgery Scheduled for:
- ☐ Remain out of work for:
- ☐ Other:

- ☒ The patient will be re-evaluated on 09/12/2023 .

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

Jeffrey

Patient Diagnostic Imaging Order Requisition

PATIENT		
Wilson, Vanessa	H-Phone: (908)-338-8111	DOB : 09/01/1961
3 WESTERVELT AVE	W-Phone: () - -	
PLAINFIELD, NJ 07060	C-Phone: (908)-338-8111	Sex : F
	Race : Black / African America	Chart:
	Account: 14038	

PRIMARY INSURANCE	
Co#: 70 Policy#: PLB084289	Insured Name: VANESSA WILSON
Life & Health Risk MGMT (WC)	DOB : 09/01/1961
PO BOX 68	Group Number:
NEWTON, NJ 07860	Plan Name :
	Onset Date : 06/22/23

FACILITY INFORMATION	
Name : PATIENTS CHOICE	Phone:
	Fax :

DIAGNOSTIC IMAGING ORDER	
Status: Ordered	Ordered : 08/31/23 11:01 am
Physician: Warshauer, Jeffrey M., D.O.	Sched : 00/00/00
3 PROGRESS STREET, SUITE 1	Acquired: 00/00/00
EDISON, NJ 08820-1180	Req# : 6993
	Phone : (908)-364-7801
PIN : NPI: 1558360222	Fax : (908)-222-2757
id : 47-2470918	

Referring Physician Name:	Priority	Acc#
RI Shoulder W/O Contrast Left	Routine	6993-8044
Ref: M25.512 Pain in left shoulder		

Referring Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 08/31/23 at 11:01 am