

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: 10/09/23 04:18 PM
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
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

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

Date: 10/09/2023

Patient's Name: Andre Crawford

DOB: 06/19/1964

Employer: PLAINFIELD BOE

Date of Injury: 09/06/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB0851040 Authorized Injuries/Body Parts: LEFT SHOULDER

Diagnoses: *CL sh.ldr*

Treatment:

Medications:

Therapy:

Diagnostic Studies: *MAI - c. l. sh.ldr*

In Office Procedures:

Other:

Surgery:

Work Status:

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

Is the patient at MMI? ☐ Yes ☒ No

Physician/PA Signature: *[Signature]*

Work Restrictions:

No Lifting over lbs
Other:

Return to work date:

Next Appointment: *10/23/23 @ 2:40 pm.*

INFINITY ORTHOPEDICS, LLC

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



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To Whom it May Concern:

Andre Crawford is currently under my care and was seen in our office today, 10/09/2023 .

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 10/09/2023 .
- ☐ 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 10/23/2023 .

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

Patient Diagnostic Imaging Order Requisition

Crawford, Andre 19 MELROSE AVE PLAINFIELD, NJ 07063	PATIENT H-Phone: (973)-672-3170 DOB : 06/19/1964 W-Phone: () - - C-Phone: () - - Sex : M Race : Black / African America Chart: Account: 14207
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Co#: 70 Policy#: PLB0851040
D & H RISK MGMT (WC)
PO BOX 68
NEWTON, NJ 07860

PRIMARY INSURANCE

Insured Name: ANDRE CRAWFORD
DOB : 06/19/1964
Group Number:
Plan Name :
Onset Date : 09/06/23

Name : PATIENTS CHOICE

Phone:
Fax :

DIAGNOSTIC IMAGING ORDER

Status: Ordered
Doctor: Warshauer, Jeffrey M., D.O.
1450 RT 22 WEST, STE 200
MOUNTAINSIDE, NJ 07092-2619

Ordered : 10/09/23 4:11 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 7070
Phone : (908)-364-7801
Fax : (908)-222-2757

UPIN : NPI:1558360222
Id : 47-2470918

Test Name:	Priority	Acc#
Shoulder, Arthrography, LT	Routine	7070-8139
Dx: S43.402A Unspecified sprain of left shoulder joint, initial encounter		
 MRI Shoulder W/Contrast Left	 Routine	 7070-8140
Dx: S43.402A Unspecified sprain of left shoulder joint, initial encounter		

PRACTICE MESSAGE

Please give disc to patient to hand deliver to surgeon.

Ordering Provider's Signature:  Date: _____