

# 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: 07/31/23 04:48 PM  
PAGES: 5  
SUBJECT:

Document Distribution

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## INFINITY ORTHOPEDICS, LLC

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



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SUITE 106  
EDISON, NJ 08820

MAILING ADDRESS:  
PO BOX 4290  
WARREN, NJ 07059

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

Date: 07/31/2023

Patient's Name: Jhonny Franco

DOB: 06/24/1960

Employer: PLAINFIELD BOE

Date of Injury: 05/23/23 Worker's Compensation Company: D & H Risk MGMNT (WC)

Adjuster: CAROLINA SHELL

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

Claim Number: PLB08404301  
LEFT KNEE

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

Diagnoses:

m. 1 L, L

Treatment:

Medications:

Therapy:

Diagnostic Studies:

m. 1 L m. 1 L @ 4:00pm

In Office Procedures:

Other:

Surgery:

#### Work Status:

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

#### Work Restrictions:

No Lifting over lbs  
Other:

Is the patient at MMI? ☐ Yes ☒ No

Return to work date:

Next Appointment:

8/28/23 @ 4:00pm

Physician/PA Signature:

07/31/23

INFINITY ORTHOPEDICS, LLC  
Patient Diagnostic Imaging Order Requisition

Page 1

Franco, Jhonny 238 SOUTH WASHINGTON AVE DUNELLEN, NJ 08812	<b>PATIENT</b> H-Phone: (908)-965-1257 W-Phone: ( )- - C-Phone: ( )- - Race : White Account: 13825	DOB : 06/24/1960 Sex : F Chart:
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Co#: 70 Policy#: PLB08404301 D & H RISK MGMT (WC) PO BOX 68 NEWTON, NJ 07860	<b>PRIMARY INSURANCE</b> Insured Name: JHONNY FRANCO DOB : 06/24/1960 Group Number: Plan Name : Onset Date : 05/23/23
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<b>FACILITY INFORMATION</b> Name : PATIENTS CHOICE	Phone: Fax :
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Status: Ordered Doctor: Warshauer, Jeffrey M., D.O. 1450 RT 22 WEST, STE 200 MOUNTAINSIDE, NJ 07092-2619  UPIN : MPI:1558360222 Id : 47-2470918	<b>DIAGNOSTIC IMAGING ORDER</b> Ordered : 07/31/23 4:41 pm Sched : 00/00/00 Acquired: 00/00/00 Req# : 6917 Phone : (908)-364-7801 Fax : (908)-222-2757
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Test Name: MRI Shoulder W/O Contrast Left Dx: M25.512 Pain in left shoulder	Priority Routine	Acc# 6917-7963
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Ordering Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, WA on 07/31/23 at 4:41 pm

07/31/23

INFINITY ORTHOPEDICS, LLC  
Patient Diagnostic Imaging Order Requisition

Page 1

Franco, Jhonny 238 SOUTH WASHINGTON AVE DUNELLEN, NJ 08812	<b>PATIENT</b> H-Phone: (908)-966-1257 W-Phone: ( )- - C-Phone: ( )- - Race :White Account:13825	DOB :06/24/1960 Sex :F Chart:
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Co#: 70 Policy#: PLS08404301 D & H RISK MGMT (WC) PO BOX 68 NEWTON, NJ 07860	<b>PRIMARY INSURANCE</b> Insured Name: JHONNY FRANCO DOB : 06/24/1960 Group Number: Plan Name : Onset Date : 05/23/23
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<b>FACILITY INFORMATION</b>	
Name :PATIENTS CHOICE	Phone: Fax :

Status:Ordered Doctor:Warshauer, Jeffrey M., D.O. 1450 RT 22 WEST, STE 200 MOUNTAINSIDE, NJ 07092-2619  UPIN : NPI:1558360222 Id :47-2470918	<b>DIAGNOSTIC IMAGING ORDER</b> Ordered :07/31/23 4:41 pm Sched :00/00/00 Acquired:00/00/00 Req# :6918 Phone : (908)-364-7801 Fax : (908)-222-2757
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Test Name: MRI Lumbar Spine W/O Contrast Dx: M54.50 Low back pain, unspecified	Priority Routine	Acc# 6918-7964
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Ordering Provider's Signature: 

Electronically signed by agent of provider: Rosa Matos, MA on 07/31/23 at 4:41 pm

## INFINITY ORTHOPEDICS, LLC

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HEATHER A. PEDERSEN, PA-C



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WARREN, NJ 07059

To Whom it May Concern:

Jhonny Franco is currently under my care and was seen in our office today, 07/31/2023 .

- ☐ Please excuse the patient from work today.
- ☒ The patient may return to work at full duty status on 07/31/2023 .
- ☐ 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 08/28/2023 .

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