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## MRI ORDER

Date: **11/06/2024**

Patient: **James M Vitollo**  
148 Mountainview Road  
Warren, NJ 07059  
(908) 580-1246

DOB: 11/01/1980 44 year

Gender: Male

Ordering Provider: **David S. Klein D.O.**  
NPI #: 1598006926

Test(s) Ordered: **Shoulder - MRI w/o contrast - Left**

Diagnosis: S46.212D Strain of musc/fasc/tend prt biceps, left arm, subs

Note/Instructions:

Signature:

\_\_\_\_\_  
David S. Klein D.O.

### Please Give patient copy of disc.

#### Follow up instructions after MRI:

Please make a follow up appointment with the doctor within 3-7 days after you have your MRI to review the results and allow for the clinical correlation of the study. Allow at least 3 days for the report to be completed which will be required for appropriate interpretation. It is imperative that you bring the CD or films to the appointment.