



ANDREW A. WILLIS, M.D.

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Att: Mr. [unclear]
notw-ck
3T

Shoulder Study Prescription: (M25.511 R)

Patient Name: Magaliz Gonzalez Date: 8-12-2024 Site: **R**

HISTORY OF: CHRONIC, PROGRESSIVE **RIGHT** SHOULDER PAIN AND WEAKNESS
REFRACTORY TO NONOPERATIVE TREATMENT

OTHER: _____

RULE OUT: ROTATOR CUFF TEAR

STUDY: MRI OF THE **RIGHT** SHOULDER

Please Discharge Patient with Disc of Images

Physician's Signature: _____

(I have medically prescribed the above treatments)

Andrew A. Willis, M.D., FAAOS

Orthopedic Surgeon

**Fellowship Trained in Sports Medicine & Surgery of the Shoulder, Knee, Hand, & Upper
Extremity**