

TRI-COUNTY ORTHOPEDICS

World-Class Team. Hometown Choice.

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NTTW
CSOOR
Cous

SHOULDER STUDY PRESCRIPTION: (M25.511 R/ M25.512 L)

Patient Name: Sandro Perez-Jimenez Date: 1/11/2023 Site: (R) L

HISTORY OF:

Fall Trauma Previous Surgery _____

Pain Decreased ROM Decreased Strength Instability Paresthesias

Other: (+) Advanced DD

RULE OUT:

Rotator Cuff Tear Labral Tear Fracture

Other: Subacute Bone Loss Glenoid

STUDIES:

MRI ARTHROGRAM

Shoulder: _____

Humerus: _____

Other: _____

— Revision
— RST &

CT SCAN

3-D RECONSTRUCTION

BioMet Signature Format

Shoulder: _____

Humerus: _____

Other: _____

Please Discharge Patient with Disc of Images

Physician's Signature: _____

(I have medically prescribed the above treatments)

Andrew A. Willis, M.D., FAAOS

Orthopaedic Surgeon

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