ORTHOPEDICS

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ANDREW A. WILLIS, M.D.

197 Ridgedale Ave, Cedar Knolls, N.J. 07927 Tel: (973) 538-2334 Fax: (973) 267-6882 MTIN-CK 3T) Att. Dr. Auro

SHOULDER STUDY PRESCRIPTION: (M25.511 R/M25.512 L)	
Patient Name: Bilgal Jones Date: 5/1/2023 Site: R L	
HISTORY OF:	
Fall Trauma Previous Surgery 9 18 18 > detricult Net-ton	2
Pain Decreased ROM Decreased Strength Instability Paresthesias decomposition	ē Ö
Other:	het.
Ho Howards ten State	2
Rotator Cuff Tear Rotator Cuff Tear Labral Tear Fracture	
STUDIES: Propers in of Partie Francis	7
STUDIES:	te
Shoulder: ARTHROGRAM Shoulder: ARTHROGRAM Shoulder: ARTHROGRAM	ken
Other:	
CT SCAN Shoulder: Humerus: Other	18
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