ARMAC

71 Passaic Ave Florham Park, NJ Phone: 1-888-422-3044 Fax: 973-328-3753

Start Date

197 Ridgedale Ave, Suite 130 Cedar Knolls, NJ 07927 Phone: 973-998-8950 Fax: 973-998-7610

| Patient Information | | | Ordering Doctor Information | | |
|--|----------------------------|--|-----------------------------|------------------------|---|
| Name: | Sandro Perez-Jimenez | | Name: | Andrew Willis | |
| Address: | 469 Mckeon St Perth Amboy, | | Address: | 197 Ridgedale Avenue, | |
| | NJ 08861- | | | Cedar Knolls, NJ 07927 | |
| Phone: | (787) 368-3107 | | NPI#: | | |
| DOB: | 10/14/1971 | | Phone: | 973-538-2334 | |
| WATER AND AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE | | | | | |
| Diagnosis: RIGHT SHOULDER ICD-10 Code: M19.011 | | | | | |
| GLENOHUMERAL JOINT | | | | | |
| OSTEOARTHRITIS | | | | | |
| Surgical Procedure: RIGHT SHOULDER HEMI ARTHROPLASTY DOS: 03/16/2023 Left Right X Limb: SHOULDER Order date: 02/03/23 | | | | | |
| Surgery Location: Surgical Center At Cedar Knolls | | | | | |
| Surgery Education. Surgicul Center At Country | | | | | |
| Dr. Sign Dato: 02/02/22 | | | | | |
| Dr. Signature: | Andrew & Willia, M.D. | | | Sign Date: 02/03/23 | |
| | | | | | |
| <u>DURABLE MEDICAL EQUIPMENT PRESCRIPTION – ARMAC</u> | | | | | |
| | | | | | |
| Post Op Brace | | | | er Extremity Bracing | |
| Knee | Knee 📙 | | | uction Pillow Sling | X |
| Elbow | Shoulder X | | Neu | tral Wedge (Bankart) | |
| | Ankle | | | | |
| CPM & CPM P | ad Kit Hip L | | Oth | | |
| Knee | | | | e Walker (Roll-A-Bout) | H |
| Elbow | Crutches | | | arel Under Sleeve | Ш |
| Shoulder | Crutches | | Spe | cify: | |

Patient Height _____