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(3T)

**ANDREW A. WILLIS, M.D.**

Attn: Dr. Annese

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Tel: (973) 538- 2334 Fax: (973) 267-6882

**WRIST Study Prescription:**

Patient Name: Manuel Garabito Date: 3/27/2024 Site: **R**

**HISTORY OF:** PAIN, SWELLING, LIMITED RANGE OF MOTION, MECHANICAL CLICKING/CATCHING

OTHER: \_\_\_\_\_

**RULE OUT:** RIGHT DISPLACED TFCC TEAR

**STUDY:** MRI OF THE RIGHT WRIST

**Please Discharge Patient with Disc of Images**

Physician's Signature: Andrew A. Willis, M.D.

(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**