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ANDREW A. WILLIS, M.D. Attn: Dr. Anner

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**Shoulder Study Prescription: (M25.512 L)**Patient Name: Anthony Arocho Date: 8/12/2024 Site: L**HISTORY OF:**

TRAUMA

WEAKNESS

PAIN

DECREASED ROM

DECREASED STRENGTH

OTHER: S/P FALL 4/19/2024**RULE OUT:** POSTERIOR LABRAL TEAR**STUDY:** MRI OF THE LEFT 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