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PLEASE FILL OUT THE FORMS COMPLETELY AND BRING THEM WITH YOU WHEN YOU COME FOR YOUR APPOINTMENT

Date: _____ Have you seen Dr. Giovanini before? **Yes** _____ **No** _____
Full Name: _____ Spouse (or parent if child): _____
Address: _____ Zip Code: _____
Phone: _____ Age: _____ Birthdate: _____ Social Security Number: _____
Cell Phone: _____ Email: _____
Marital Status: _____ Race: _____ Sex: **Male** _____ **Female** _____
Occupation (of parent if child): _____ Work Phone: _____
Employer's Name & Address: _____
Emergency Contact(s): _____
Name and phone number of a friend or relative not living with you: _____

INSURANCE INFORMATION

Name of Insured: _____ Insured Social Security No. _____
Birthdate of Insured: _____ Policy Number: _____
Name of Medical or Hospital Insurance: _____
Medicare Number: _____ Medicaid Number: _____
Were you injured on the job? **Yes** _____ **No** _____ Date of injury: _____
Name of Compensation Carrier: _____

WHO REFERRED YOU TO US

Doctor: _____ Other: _____
Did your bring X-rays with you? **Yes** _____ **No** _____ If so, from where: _____
Did your bring MRI's OR CT's with you? **Yes** _____ **No** _____ if so, from where: _____
What did you come to see the doctor about?

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Dr. Mark Giovanini to release any information acquired in the course of my examination or treatment to my referring physician as well as my insurance company.

Signed (parent, if child): _____ Date: _____

PATIENT HISTORY

Name: _____

Date: _____

These questions pertain to the patient only. Please answer the following questions by marking "recent" to indicate the symptoms you are currently experiencing, and "remote" for symptoms you have experienced in the past.

NEUROLOGICAL	No	Recent	Remote
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amnesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESPIRATORY	No	Recent	Remote
Irregular breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shallow breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARDIOVASCULAR	No	Recent	Remote
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood clot in lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPRODUCTIVE & URINARY SYSTEM	No	Recent	Remote
Frequency in urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burning upon urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloody urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to control bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last menstrual period: _____			

EYES, EARS, NOSE, THROAT	No	Recent	Remote
Nose bleeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GASTROINTESTINAL	No	Recent	Remote
Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in bowel habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tarry stools			
Bloody stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUSCULOSKELETAL	No	Recent	Remote
Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROSTHESIS	No	Recent	Remote
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removable bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial limbs			
Brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal metal clips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where: _____

OTHER	No	Recent	Remote
Frequent infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take insulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of free bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to list any information that has not been mentioned above that would benefit the doctor in his treatment of your case. _____

Name: _____

Date: _____

10. Check illness and list members of your immediate family who have had any of the following:

FAMILY HISTORY: Place an "X" in appropriate boxes to identify all illnesses/conditions in your blood relatives

Have you had any of the above illnesses? Please list:

<i>Illness/Condition</i>	<i>Family Member</i>						
	Grandparents	Father	Mother	Brother	Sister	Son	Daughter
Cancer-Asbestos (Mesothelioma)							
Asthma							
Heart disease							
Diabetes mellitus (Sugar)							
High blood pressure							
Allergies							
Epilepsy							
Migraine							
Stroke							
Brain Tumors (Pituitary)							
Aneurysms							
Brain Hemorrhage							

Name: _____ Date: _____

Patient Name: _____ DOB: _____ Date of Visit: _____

SYMPTOMS

Neck Pain: Yes No

Back Pain: Yes No

Arm Pain: R L Both

Leg Pain: R L Both

Numbness/Tingling: _____

Weakness : _____

Weakness: _____

Numbness/Tingling : _____

How long have you had these symptoms? _____

CONSERVATIVE TREATMENT HISTORY

Physical Therapy Yes No

Location: _____

If so, how long? _____

Traction? Yes No

Pain Management Yes No

Location: _____

If so, how long? _____

Epidurals/Facet Blocks Yes No

How many times? _____

Injections/Implantable Yes No

Type? _____

Previous Back/Neck Surgery Yes No

Procedure Type: _____

Location: _____ Date: _____

Low Back Pain Questionnaire

This questionnaire has been designed to give the healthcare provider information as to how your back pain has affected your everyday life. Please select only **ONE** answer in each section which best describes your ailment.

I. Pain Intensity

- The pain comes and goes and is very mild.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

II. Personal Care

- I can look after myself normally but it is very painful.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of my personal care.
- Because of the pain I am unable to do some washing and dressing without help.
- I do not get dressed, wash with difficulty, and stay in bed.

III. Lifting

- I can lift heavy weights without extra low back pain.
- I can lift heavy weights but it causes extra pain.
- Pain prevents me lifting heavy weights off the floor.
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- I can only lift very light weights.
- I cannot lift or carry anything at all.

IV. Walking

- I have no pain walking.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than ¼ mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk using a stick or crutches.
- I am in bed most of the time.

V. Sitting

- I can sit in my chair as long as I like.
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than ½ hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Low Back Pain Questionnaire

VI. Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing for more than ½ an hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

VII. Sleeping

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain, I have less than 6 hours sleep.
- Because of pain, I have less than 4 hours sleep.
- Because of pain, I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

VIII. Social Life

- My social life is normal and gives me no pain.
- My social life is normal, but increases the degree of pain.
- Pain prevents me from participating in more energetic activities e.g. sports, dancing, etc.
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I hardly have any social life because of pain.

IX. Traveling

- I can travel anywhere without pain.
- I can travel anywhere but it gives extra pain.
- I get some pain while traveling, but it does not compel me to seek alternative forms of travel.
- I get extra pain while traveling that requires me to seek alternative forms of travel.
- Pain restricts all forms of travel except by lying down.
- Pain restricts all forms of travel.

X. Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow at the present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Neck Pain Questionnaire

This questionnaire is designed to give the healthcare provider information as to how your neck pain has affected your everyday life. Please select only **ONE** answer in each section that best describes your ailment.

I. Pain Intensity

- I have no pain now.
- The pain is very mild now.
- The pain is moderate now.
- The pain is fairly severe now.
- The pain is very severe now.
- The pain is the worst imaginable now.

II. Personal Care

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself; I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of my personal care.
- I do not get dressed, wash with difficulty, and stay in bed.

III. Lifting

- I can lift heavy weights without extra pain in my neck.
- I can lift heavy weights but it causes extra pain in my neck.
- Pain prevents me lifting heavy weights off the floor.
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- I can only lift very light weights.
- I cannot lift or carry anything at all.

IV. Reading

- I can read as much as I want with no pain in my neck.
- I can read as much as I want with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I cannot read as much as I want because of moderate neck pain.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

V. Headaches

- I have no headaches at all.
- I have slight headaches that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

Neck Pain Questionnaire

VI. Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of concentrating when I want to.
- I cannot concentrate at all.

VII. Working

- I can do as much work as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I cannot do any work at all.

VIII. Driving

- I can drive my car without any neck pain.
- I can drive my car as long as I want with slight pain in my neck.
- I can drive my car as long as I want with moderate pain in my neck.
- I cannot drive my care as long as I want because of moderate pain in my neck.
- I can hardly drive at all because of severe pain in my neck.
- I cannot drive my car at all.

IX. Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour of sleeplessness).
- My sleep is mildly disturbed (1-2 hours of sleeplessness).
- My sleep is moderately disturbed (2-3 hours of sleeplessness).
- My sleep is greatly disturbed (3-5 hours of sleeplessness).
- My sleep is completely disturbed (5-7 hours of sleeplessness).

X. Recreation

- I am able to engage in all my recreational activities with no neck pain at all.
- I am able to engage in all my recreational activities, with some pain in my neck.
- I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- I am able to engage in a few of my recreational activities because of pain in my neck.
- I can hardly do any recreational activities because of pain in my neck.
- I can't do any recreational activities at all.



HIPAA PRIVACY AUTHORIZATION FORM

I authorize Neuromicrospine PLLC, to share or release Protected Health Information (PHI) regarding my care and treatment to the following individuals.

Name of Individual: _____ *Relationship to Patient:* _____

Name of Individual: _____ *Relationship to Patient:* _____

This medical information may be used by the person, I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

I understand that I have the right to revoke this authorization in writing at any time, and I understand that a revocation is not effective to the extent that any person or entity as already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

The information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal and state law.

Signature of patient or legal guardian: _____

Date: _____

Patient Name: _____

Patient Date of Birth: _____



MEDICATION AGREEMENT

1. I understand that during the course of my treatment, I may be prescribed a controlled opioid/narcotic medication. I further agree that during that time, I will not receive any controlled substance prescriptions from any prescriber other than Dr. Giovanini. I understand that it is unlawful to be prescribed the same controlled medications from more than one physician. I understand that it is also unlawful to seek to obtain controlled medication prescriptions while knowingly being already prescribed those medications.
2. All controlled substance prescriptions MUST be obtained at one pharmacy ONLY. If in the event my pharmacy information should change throughout the course of treatment, I agree to notify the office staff to update the information on file.

Pharmacy Name: _____

Pharmacy Location: _____

Pharmacy Telephone: _____

3. I understand that prescriptions for controlled medications will only be written for up to 90 days after surgery, and that requiring treatment for pain control after the 90 day post-operative time, I may be referred to a pain management specialist.
4. I understand that losing or running out of medication early due to overuse may cause withdrawal symptoms, and that I am solely responsible for taking all prescribed medications correctly.
5. I agree to take medications ONLY as directed, and understand EARLY REFILLS WILL NOT BE PROVIDED.
6. I agree to request refills per refill request policy ONLY, and agree to never call after hours or on weekends to request a refill. I understand that prescription refills are strictly based on my compliance to the treatment plan, including keeping all scheduled appointments.
7. I understand that medications are strictly prescribed to me and agree to never share, sell, or administer my medication to others. I understand that lost, destroyed, or stolen medications will not be replaced, and agree to store medications in a safe location to prevent such events.

By signing this agreement, I acknowledge and agree that: (i) I have read and full understand each of the above mentioned terms (ii) I have been given the opportunity to ask questions regarding this agreement (iii) I knowingly accept and agree to abide by the terms of the agreement (iv) I understand that failure to abide by the agreement may cause discontinuation of opioid/narcotic prescription treatment. (v) I have full power to sign and be bound by this agreement and a copy has been provided.

Patient Signature: _____ Date: _____

Patient Name (please print): _____

STAFF MEMBER INITIAL: _____

PRE-OPERATIVE INSTRUCTIONS

1. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT. YOUR ROUTINE MEDICATION SHOULD BE TAKEN WITH A SMALL SIP OF WATER.**
2. **If your surgery is scheduled as outpatient, please have a responsible adult accompany you to the facility that will be available to drive you home following your surgery. Your surgery can not proceed without your companion.**
3. Discuss all medications you are currently taking with our clinical staff.
Call us immediately if you have any changes in your health or medications between the time you saw our clinical staff and the day of your surgery.
4. If you smoke cigarettes, it is strongly advised that you **STOP SMOKING.** Research indicates that smoking adversely affects bone and skin healing. Smoking can delay and prevent the bones and skin from healing. Additionally, inhalation of smoke irritates the breathing passages and may lead to respiratory problems during and after surgery.
5. If you have a medical condition that requires surgery clearance (such as heart disease or lung disease, etc.), it is your responsibility to deliver the necessary information to our office at least **3 business days prior** to your surgery date from the healthcare provider who is treating your condition. If we do not receive this information, your surgery canceled or placed on hold until we have the required documentation. Please understand this is for your safety and will decrease the risk of complications.
6. **STOP** taking the following medications 10 days prior to surgery and 10 days post-operation:
 - a. **“Blood Thinning” medications:** (Please consult with the prescribing physician prior to stopping) If you are taking a “blood thinner” it is your responsibility to get the prescribing physician to fax our office clearance for surgery with instructions on stopping and resuming your medication post operation. If we do not receive the clearance, your surgery will be postponed.

PRE-OPERATIVE INSTRUCTIONS

- b. **Herbal Supplements**: Do not resume these medications until given clearance by our clinical staff at your post op appointment. This does not apply to facet block procedures.
 - c. **Anti-Inflammatory Medications**: Do not resume these medications until given clearance by our clinical staff at your post op appointment.
7. Wear loose comfortable clothing the day of surgery.
8. Bring containers to store eyeglasses, dentures, hearing aids, etc.
9. Do not wear jewelry including wedding bands or body piercing.
10. Do not wear contact lenses, make-up, hairpins, nail polish, or body powder if possible.
11. If you have young children or a family member for whom you are the primary care-giver, arrange for alternative care for them after your surgery. This will allow for a restful recuperation period.
12. **Facet Block Injections**: You will be given a sedative (valium etc.) by mouth prior to your procedure. You may remove the band aid from the injection site the next day. No submerging in water for 2 days after the procedure. Please call the office within 2 weeks after the procedure.
13. **Cervical Fusions**: You will be placed under general anesthesia and go home the same day. You will have derma-bond glue and a proxy strip covering the incision site. **PLEASE DO NOT REMOVE THE DRESSING**. It will come off on its own within 3 to 4 weeks after surgery.
14. **Microdiscectomy or Hemilaminectomy**: You will be placed under general anesthesia and go home the same day. Generally, you will have derma-bond glue and a proxy strip covering the incision site. **PLEASE DO NOT REMOVE THE DRESSING**.

PRE-OPERATIVE INSTRUCTIONS

It will come off on its own within 3 to 4 weeks after surgery. If you have staples or sutures, please call our office to set up an appointment to have them removed within 10 to 12 days post operation.

15. You will be discharged with your pain medication. All refills on prescriptions must be picked up in our office. We require a 72 hour notice Monday thru Friday for a refill to be processed. **WE DO NOT REFILL ANY MEDICATIONS ON THE WEEKEND.**
16. If you are having your procedure at Gulf Breeze Hospital, you will have a pre-operative appointment about 1 week prior to your surgery for labs, EKG, etc. If you need to reschedule your pre-operative appointment, please contact them at 850-934-2063 and choose option 2.
17. If you are having your procedure at West Florida Hospital, our surgery scheduler will let you know the date and time of your pre-operative appointment. If you need to reschedule your pre-operative appointment at West Florida Hospital, please contact them at 850-494-4000 and ask for PATC.
18. If you have abnormal labs at your pre-operative appointment that requires a clearance, we will have to postpone your surgery until we receive the appropriate clearance. This is your responsibility to get this to your office. You will not be rescheduled for surgery until we receive all required clearances.

Please sign and date below indicating you have read and understand all of the information provided above. Please do not throw any of your pre-operative and post-operative instructions away.

Thank you for your cooperation and we look forward to assisting you through the healing process.

Patient Signature _____

Date _____



ANTERIOR CERVICAL DISCECTOMY AND FUSION

Post-operative Instructions

Successful surgery depends not only on the success of the procedure, but also on your cooperation and compliance during the post-operative period. To assist you in this process, below are instructions and guidelines to follow during your recovery period. Our staff is here to assist all your post-operative needs. If you have any questions or problems please contact our office at (850) 934-7545.

Wound

Proper care of the incision helps to prevent infection.

- ❖ You will have skin glue and a proxy strip covering the incision site. **PLEASE DO NOT REMOVE THE DRESSING**. It will come off on its own within 3 to 4 weeks after surgery. The small paper tapes on your incision will be removed in the office at your post-op visit or will be allowed to fall off themselves.
- ❖ If you had bone harvested for a graft, there may be swelling and numbness at the site. These are normal. Use ice packs to help the swelling. The numbness will gradually fade over several months. There could be some minor residual numbness.
- ❖ Keep the incision dry for 48 hours after surgery.
- ❖ You may SHOWER and get the incision wet after 48 hours. Avoid scrubbing your incision site. Do NOT soak the incision; avoid baths, hot tubs and swimming for 1 month after surgery.
- ❖ Check the incision daily for redness, swelling or drainage. Some redness and swelling is normal. It is normal for the incision site to itch, but avoid scratching.
- ❖ A small amount of clear or slightly blood tinged drainage from the incision is normal. Contact us if drainage persists for more than 2 days or if you have redness or swelling around the incision.
- ❖ Do not wash directly over the incision. Wash around the incision gently with soap and water and then let air dry. If you have fevers or chills, take your temperature with a thermometer. If you have a temperature of 100.5 degrees or higher for more than 4 hours, contact our office.
- ❖ Do not use any creams, lotions, ointments, or alcohol near or on the incision.
- ❖ It is normal for the incision site to itch, but avoid scratching.

For Patients with a Hard Collar

For the first 4 weeks, you must wear the hard collar at all times even when you shower and sleep. For added comfort, sleep on your back or side and place a cushion under the back or side of your neck. You may shower 5 days after surgery with the hard collar on and padding removed. To remove and apply padding, follow the instructions shown to you at the time your brace was fitted. When finished bathing, remove the collar and place a clean dressing over the incision if needed. Put the hard collar back on with clean and dry pads. No tub baths for 4 weeks.

Pain Relief

During the healing phase, it is common to have some pain, numbness, tingling, and weakness in your neck or arms. If you have an increase in pain once you return home, try these options to decrease the pain.

- ❖ Ice the back for 15-20 minutes each hour for 4 hours. Do not put the ice directly on the skin. Use a pre-made ice pack or put ice in a plastic bag then wrap the ice pack or bag in a towel before you use it.
- ❖ Reduce your activity for the next 24 hours (i.e. walking).
- ❖ You will be discharged with prescription medication for your surgical pain. All refills on prescriptions must be picked up in our office. We require a 72 hour notice Monday thru Friday for a refill to be processed.
- ❖ Remember, **ABSOLUTELY NO MEDICATION REFILLS WILL BE PROCESSED ON THE WEEKEND**. Please plan accordingly.
- ❖ Tylenol (acetaminophen): You may take up to 4000 milligrams per day. Percocet and Norco also contain Tylenol. If you have liver disease, do not take Tylenol without checking with us first.
- ❖ Do not take Non-Steroidal Anti-Inflammatory drugs (NSAIDs) (i.e., Ibuprofen, Motrin, Advil, Aleve, Celebrex, etc.) for 3 months. These medicines could delay bone healing.

The clinical staff will be working with you to balance pain medicine, pain management, and activity. The goal is to taper you off of your pain medicine by 6 weeks after surgery.

Exercise

- ❖ Repetitive activities using your arms may aggravate muscle spasms around your neck and upper back. Modify your activity with this in mind.
- ❖ Do not lift above your head for the first 4 weeks after surgery. It is okay to raise your arms to comb and wash your hair.
- ❖ Do not lift more than 10lbs for the first 4 weeks after surgery.
- ❖ Avoid stairs while you are wearing your collar-

they are a fall hazard.

- ❖ Walking is the best “exercise” after surgery and you need to walk DAILY.
- ❖ You should be able to gradually increase your distance until you can walk about one mile within one to two months after surgery.

Smoking

DO NOT SMOKE. This increases the chance that your bone will not heal properly. Smoking decreases the rate of skin and bone healing. Smoking also interferes with the effectiveness of your pain medication. This can impact the success of your cervical fusion.

Constipation

The combination of surgery, narcotic pain medicine, decreased activity level, and a change in your diet, can play a role in getting constipated. After surgery, it is common to have a problem with your bowels. Increasing your fiber intake, mobility, and taking a stool softener will help.

What to Eat

It is common to have a sore throat or hoarse voice for a few weeks after surgery. You may also feel a “catching” sensation in your throat. This may make it feel uncomfortable to swallow large bites of solid food. You should take small bites, chew well, and/or eat soft foods until this resolves. **If you have any trouble breathing call 911 and go to the nearest emergency room.** If you cannot swallow or have any major voice changes, call the office right away and ask to speak with the nurse at (850) 934-7545.

Dentist

As part of your surgery, spinal instrumentation was used. You should notify your dentist of this prior to having dental work/cleaning. It is advised that you be pre-medicated with antibiotics prior to these procedures for the first 2 years following your surgery. The antibiotics should be given to you by your dentist.

When to call the office

- ❖ Excessive redness, swelling, or drainage at the incision site, particularly swelling around the neck incision. Contact us if drainage persists for more than 2 days. Be prepared to describe what the drainage looks like, how it smells, and how much there is.
- ❖ If you have a temperature of 100.5 degrees or higher lasting longer than 4 hours.
- ❖ Redness, warmth, or tenderness in the back of the calf of your leg(s)
- ❖ A persistent headache that is different when sitting

Phone Numbers

If you have questions or concerns, please call **Neuromicrospine at 850-934-7545**



Posterior Lumbar Interbody Fusion Post-operative Instructions

Successful surgery depends not only on the success of the procedure, but also on your cooperation and compliance during the post-operative period. To assist you in this process, below are instructions and guidelines to follow during your recovery period. Our staff is here to assist all your post-operative needs. If you have any questions or problems please contact our office at (850) 934-7545.

Wound

Proper care of the incision helps to prevent infection.

- ❖ You will have skin glue and a proxy strip covering the incision site. **PLEASE DO NOT REMOVE THE DRESSING.** It will come off on its own within 3 to 4 weeks after surgery. The small paper tapes on your incision will be removed in the office at your post-op visit or will be allowed to fall off themselves.
- ❖ If you had bone harvested for a graft, there may be swelling and numbness at the site. These are normal. Use ice packs to help the swelling. The numbness will gradually fade over several months. There could be some minor residual numbness.
- ❖ Keep the incision dry for 48 hours after surgery.
- ❖ You may SHOWER and get the incision wet after 48 hours. Avoid scrubbing your incision site. Do NOT soak the incision; avoid baths, hot tubs and swimming for 1 month after surgery.
- ❖ Check the incision daily for redness, swelling or drainage. Some redness and swelling is normal. It is normal for the incision site to itch, but avoid scratching.
- ❖ A small amount of clear or slightly blood tinged drainage from the incision is normal. Contact us if drainage persists for more than 2 days or if you have redness or swelling around the incision.
- ❖ Do not wash directly over the incision. Wash around the incision gently with soap and water and then let air dry. If you have fevers or chills, take your temperature with a thermometer. If you have a temperature of 100.5 degrees or higher lasting longer than 4 hours, contact our office.
- ❖ Do not use any creams, lotions, ointments, or alcohol near or on the incision.
- ❖ It is normal for the incision site to itch, but avoid scratching.

Brace

- ❖ You will be given a lumbar brace to wear after surgery. You should wear the when you are out of bed. You will be required to wear the brace for about 4 weeks as determined in your follow-up visit.
- ❖ The brace does not need to be worn when getting up at night to use the restroom.
- ❖ Using a cotton tee shirt that is washed daily, should be worn underneath the brace. The brace should be wiped with alcohol at least every third or fourth day. It is not uncommon for the brace to grow a fungus due to the perspiration. If the brace loosens, through either weight reduction, which is common in the postoperative course, or there is malfunctioning of the strap that would interfere with the effectiveness of the brace, then brace adjustments can be made by the provider of the brace or our office.

Pain Relief

During the healing phase, it is common to have some pain, numbness, tingling, and weakness in your legs. If you have an increase in pain once you return home, try these options to decrease the pain:

- ❖ Ice the back for 15-20 minutes each hour for 4 hours. Do not put the ice directly on the skin. Use a pre-made ice pack or put ice in a plastic bag then wrap the ice pack or bag in a towel before you use it.
- ❖ Reduce your activity for the next 24 hours (i.e. walking).
- ❖ You will be discharged with prescription medication for your surgical pain. All refills on prescriptions must be picked up in our office. We require a 72 hour notice Monday thru Friday for a refill to be processed.
- ❖ Remember, **ABSOLUTELY NO MEDICATION REFILLS WILL BE PROCESSED ON THE WEEKEND.** Please plan accordingly.
- ❖ Tylenol (acetaminophen): You may take up to 4000 milligrams per day. Percocet and Norco also contain Tylenol. If you have liver disease, do not take Tylenol without checking with us first.
- ❖ Do not take Non-Steroidal Anti-Inflammatory drugs (NSAIDs) (i.e., Ibuprofen, Motrin, Advil, Aleve, Celebrex, etc.) for 3 months. These medicines could delay bone healing.
- ❖ The clinical staff will be working with you to balance pain medicine, pain management, and activity. The goal is to taper you off of your pain medicine by 6 weeks after surgery.

Exercise

- ❖ Walking is the best "exercise" after surgery and you need to walk DAILY. You should not engage in any other exercise until instructed by our office. Gradually increase the distance you walk until you can walk about one mile within one to two months after surgery.
- ❖ Do not lift more than 10lbs for the first 4 weeks after surgery.

- ❖ Avoid stairs while you are wearing your collar—they are a fall hazard.
- ❖ You should be able to gradually increase your distance.
- ❖ No bending or twisting at the waist during the first 4 weeks after surgery.
- ❖ A "special" mattress is not required after surgery. You should avoid sleeping on a waterbed—it does not provide appropriate spine support.

Smoking

DO NOT SMOKE. This increases the chance that your bone will not heal properly. Smoking decreases the rate of skin and bone healing. Smoking also interferes with the effectiveness of your pain medication. This can impact the success of your lumbar fusion.

Constipation

The combination of surgery, narcotic pain medicine, decreased activity level, and a change in your diet, can play a role in getting constipated. After surgery, it is common to have a problem with your bowels. Increasing your fiber intake, mobility, and taking a stool softener will help.

Future Clinic Visits

The office will help you schedule your first clinic visit in 2 weeks. For all other patients, your first clinic visit will be scheduled for 4 weeks.

Driving

You are free to drive after 2 weeks after surgery.

It is the policy of this office to advise you not to drive while under the influence of pain medications.

Dentist

As part of your surgery, spinal instrumentation was used. You should notify your dentist of this prior to having dental work/cleaning. It is advised that you be pre-medicated with antibiotics prior to these procedures for the first 2 years following your surgery. The antibiotics should be given to you by your dentist.

When to call the office

- ❖ Excessive redness, swelling, or drainage at the incision site, particularly swelling around the back incision. Contact us if drainage persists for more than 2 days. Be prepared to describe what the drainage looks like, how it smells, and how much there is.
- ❖ If you have a temperature of 100.5 degrees or higher lasting longer than 4 hours.
- ❖ Loss of bladder or bowel control
- ❖ Redness, warmth, or tenderness in the back of the calf of your leg(s)
- ❖ A persistent headache that is different when sitting

Phone Numbers

If you have questions or concerns, please call **Neuromicrospine at 850-934-7545.**



Lumbar Decompression

Post-operative Instructions

Successful surgery depends not only on the success of the procedure, but also on your cooperation and compliance during the post-operative period. To assist you in this process, below are instructions and guidelines to follow during your recovery period. Our staff is here to assist all your post-operative needs. If you have any questions or problems please contact our office at (850) 934-7545.

Wound

Proper care of the incision helps to prevent infection.

- ❖ You will have skin glue and a proxy strip covering the incision site. It will come off on its own within 3 to 4 weeks after surgery. The small paper tapes on your incision will be removed in the office at your post-op visit or will be allowed to fall off themselves.
- ❖ Keep the incision dry for 48 hours after surgery.
- ❖ You may SHOWER and get the incision wet after 48 hours. Avoid scrubbing your incision site. Do NOT soak the incision; avoid baths, hot tubs and swimming for 1 month after surgery.
- ❖ Do not wash directly over the incision. Wash around the incision gently with soap and water and then let air dry.
- ❖ If you have fevers or chills, take your temperature with a thermometer. If you have a temperature of 100.5 degrees or higher for more than 4 hours, contact our office.
- ❖ Check the incision daily for redness, swelling or drainage. Some redness and swelling is normal. It is normal for the incision site to itch, but avoid scratching.
- ❖ A small amount of clear or slightly blood tinged drainage from the incision is normal. Contact us if drainage persists for more than 2 days or if you have redness or swelling around the incision.
- ❖ Do not use any creams, lotions, ointments, or alcohol near or on the incision.
- ❖ It is normal for the incision site to itch, but avoid scratching.

Pain Relief

During the healing phase, it is common to have some pain, numbness, tingling, and weakness in your back and legs. It generally takes nerves longer to heal, so your numbness and tingling may take weeks to months to fully resolve. If you have an increase in pain once you return home, try these options to decrease the pain.

- ❖ Ice the back for 15-20 minutes each hour for 4 hours. Do not put the ice directly on the skin. Use a pre-made ice pack or put ice in a plastic bag then wrap the ice pack or bag in a towel before you use it.
- ❖ Reduce your activity for the next 24 hours (i.e. walking).
- ❖ You will be discharged with prescription medication for your surgical pain. All refills on prescriptions must be picked up in our office. We require a 72 hour notice Monday thru Friday for a refill to be processed.
- ❖ Remember, **ABSOLUTLEY NO MEDICATION REFILLS WILL BE PROCESSED ON THE WEEKEND.** Please plan accordingly.
- ❖ Tylenol (acetaminophen): You may take up to 4000 milligrams per day. Percocet and Norco also contain Tylenol. If you have liver disease, do not take Tylenol without checking with us first.
- ❖ Do not take Non-Steroidal Anti-Inflammatory drugs (NSAIDs) (i.e., Ibuprofen, Motrin, Advil, Aleve, Celebrex, etc.) until directed by your healthcare provider.

The clinical staff will be working with you to balance pain medicine, pain management, and activity. The goal is to taper you off of your pain medicine by 4-6 weeks after surgery.

Exercise

- ❖ Walking is the best "exercise" after surgery and you need to walk DAILY. Gradually increase the distance you walk until you can walk about one mile within one month after surgery.
- ❖ Do not lift more than 10lbs for the first 4 weeks after surgery.
- ❖ No bending or twisting at the waist during the first 4 weeks after surgery.
- ❖ A "special" mattress is not required after surgery. You should avoid sleeping on a waterbed, it does not provide appropriate spine support.

Smoking

DO NOT SMOKE. This increases the chance that your bone will not heal properly. Smoking decreases the rate of skin and bone healing. Smoking also interferes with the effectiveness of your pain medication. This can impact the success of your Lumbar Decompression.

Constipation

The combination of surgery, narcotic pain medicine, decreased activity level, and a change in your diet, can play a role in getting constipated. After surgery, it is common to have a problem with your bowels. Increasing your fiber intake, mobility, and taking a stool softener will help.

Future Clinic Visits

The office will help you schedule your first clinic visit in 4 weeks.

When to call the office

- ❖ Excessive redness, swelling, or drainage at the incision site, particularly swelling around the back incision. Contact us if drainage persists for more than 2 days. Be prepared to describe what the drainage looks like, how it smells, and how much there is.
- ❖ If you have a temperature of 100.5 degrees or higher lasting longer than 4 hours.
- ❖ Loss of bladder or bowel control.
- ❖ Redness, warmth, or tenderness in the back of the calf of your leg(s).
- ❖ A persistent headache that is different when sitting.

Phone Numbers

If you have questions or concerns, please call **Neuromicrospine at 850-934-**



Lumbar Discectomy

Post-operative Instructions

Successful surgery depends not only on the success of the procedure, but also on your cooperation and compliance during the post-operative period. To assist you in this process, below are instructions and guidelines to follow during your recovery period. Our staff is here to assist all your post-operative needs. If you have any questions or problems please contact our office at (850) 934-7545.

Wound

Proper care of the incision helps to prevent infection.

- ❖ You will have skin glue and a proxy strip covering the incision site. It will come off on its own within 3 to 4 weeks after surgery. The small paper tapes on your incision will be removed in the office at your post-op visit or will be allowed to fall off themselves.
- ❖ Keep the incision dry for 48 hours after surgery.
- ❖ You may SHOWER and get the incision wet after 48 hours. Avoid scrubbing your incision site. Do NOT soak the incision; avoid baths, hot tubs and swimming for 1 month after surgery.
- ❖ Do not wash directly over the incision. Wash around the incision gently with soap and water and then let air dry.
- ❖ If you have fevers or chills, take your temperature with a thermometer. If you have a temperature of 100.5 degrees or higher for more than 4 hours, contact our office.
- ❖ Check the incision daily for redness, swelling or drainage. Some redness and swelling is normal. It is normal for the incision site to itch, but avoid scratching.
- ❖ A small amount of clear or slightly blood tinged drainage from the incision is normal. Contact us if drainage persists for more than 2 days or if you have redness or swelling around the incision.
- ❖ Do not use any creams, lotions, ointments, or alcohol near or on the incision.
- ❖ It is normal for the incision site to itch, but avoid scratching.

Pain Relief

During the healing phase, it is common to have some pain, numbness, tingling, and weakness in your back and legs. It generally takes nerves longer to heal, so your numbness and tingling may take weeks to months to fully resolve. If you have an increase in pain once you return home, try these options to decrease the pain.

- ❖ Ice the back for 15-20 minutes each hour for 4 hours. Do not put the ice directly on the skin. Use a pre-made ice pack or put ice in a plastic bag then wrap the ice pack or bag in a towel before you use it.
- ❖ Reduce your activity for the next 24 hours (i.e. walking).
- ❖ You will be discharged with prescription medication for your surgical pain. All refills on prescriptions must be picked up in our office. We require a 72 hour notice Monday thru Friday for a refill to be processed.
- ❖ Remember, **ABSOLUTELY NO MEDICATION REFILLS WILL BE PROCESSED ON THE WEEKEND.** Please plan accordingly.
- ❖ Tylenol (acetaminophen): You may take up to 4000 milligrams per day. Percocet and Norco also contain Tylenol. If you have liver disease, do not take Tylenol without checking with us first.
- ❖ Do not take Non-Steroidal Anti-Inflammatory drugs (NSAIDs) (i.e., Ibuprofen, Motrin, Advil, Aleve, Celebrex, etc.) until directed by your healthcare provider.

The clinical staff will be working with you to balance pain medicine, pain management, and activity. The goal is to taper you off of your pain medicine by 6 weeks after surgery.

Exercise

- ❖ Walking is the best "exercise" after surgery and you need to walk DAILY. Gradually increase the distance you walk until you can walk about one mile within one month after surgery.
- ❖ Do not lift more than 10lbs for the first 4 weeks after surgery.
- ❖ No bending or twisting at the waist during the first 4 weeks after surgery.
- ❖ A "special" mattress is not required after surgery. You should avoid sleeping on a waterbed -it does not provide appropriate spine support.

Smoking

DO NOT SMOKE. This increases the chance that your bone will not heal properly. Smoking decreases the rate of skin and bone healing. Smoking also interferes with the effectiveness of your pain medication. This can impact the success of your Lumbar Discectomy.

Constipation

The combination of surgery, narcotic pain medicine, decreased activity level, and a change in your diet, can play a role in getting constipated. After surgery, it is common to have a problem with your bowels. Increasing your fiber intake, mobility, and taking a stool softener will help.

Future Clinic Visits

The office will help you schedule your first clinic visit in 4 weeks.

When to call the office

- ❖ Excessive redness, swelling, or drainage at the incision site, particularly swelling around the back incision. Contact us if drainage persists for more than 2 days. Be prepared to describe what the drainage looks like, how it smells, and how much there is.
- ❖ If you have a temperature of 100.5 degrees or higher lasting longer than 4 hours.
- ❖ Loss of bladder or bowel control
- ❖ Redness, warmth, or tenderness in the back of the calf of your leg(s)
- ❖ A persistent headache that is different when sitting

Phone Numbers

If you have questions or concerns, please call **Neuromicrospine at 850-934-7545**



Lumbar Laminectomy

Post-operative Instructions

Successful surgery depends not only on the success of the procedure, but also on your cooperation and compliance during the post-operative period. To assist you in this process, below are instructions and guidelines to follow during your recovery period. Our staff is here to assist all your post-operative needs. If you have any questions or problems please contact our office at (850) 934-7545.

Wound

Proper care of the incision helps to prevent infection.

- ❖ You will have skin glue and a proxy strip covering the incision site. It will come off on its own within 3 to 4 weeks after surgery. The small paper tapes on your incision will be removed in the office at your post-op visit or will be allowed to fall off themselves.
- ❖ Keep the incision dry for 48 hours after surgery.
- ❖ You may SHOWER and get the incision wet after 48 hours. Avoid scrubbing your incision site. Do NOT soak the incision; avoid baths, hot tubs and swimming for 1 month after surgery.
- ❖ Do not wash directly over the incision. Wash around the incision gently with soap and water and then let air dry.
- ❖ If you have fevers or chills, take your temperature with a thermometer. If you have a temperature of 100.5 degrees or higher for more than 4 hours, contact our office.
- ❖ Check the incision daily for redness, swelling or drainage. Some redness and swelling is normal. It is normal for the incision site to itch, but avoid scratching.
- ❖ A small amount of clear or slightly blood tinged drainage from the incision is normal. Contact us if drainage persists for more than 2 days or if you have redness or swelling around the incision.
- ❖ Do not use any creams, lotions, ointments, or alcohol near or on the incision.
- ❖ It is normal for the incision site to itch, but avoid scratching.

Pain Relief

During the healing phase, it is common to have some pain, numbness, tingling, and weakness in your back and legs. It generally takes nerves longer to heal, so your numbness and tingling may take weeks to months to fully resolve. If you have an increase in pain once you return home, try these options to decrease the pain.

- ❖ Ice the back for 15-20 minutes each hour for 4 hours. Do not put the ice directly on the skin. Use a pre-made ice pack or put ice in a plastic bag then wrap the ice pack or bag in a towel before you use it.
- ❖ Reduce your activity for the next 24 hours (i.e. walking).
- ❖ You will be discharged with prescription medication for your surgical pain. All refills on prescriptions must be picked up in our office. We require a 72 hour notice Monday thru Friday for a refill to be processed.
- ❖ Remember, **ABSOLUTLEY NO MEDICATION REFILLS WILL BE PROCESSED ON THE WEEKEND.** Please plan accordingly.
- ❖ Tylenol (acetaminophen): You may take up to 4000 milligrams per day. Percocet and Norco also contain Tylenol. If you have liver disease, do not take Tylenol without checking with us first.
- ❖ Do not take Non-Steroidal Anti-Inflammatory drugs (NSAIDs) (i.e., Ibuprofen, Motrin, Advil, Aleve, Celebrex, etc.) until directed by your healthcare provider.

The clinical staff will be working with you to balance pain medicine, pain management, and activity. The goal is to taper you off of your pain medicine by 4-6 weeks after surgery.

Exercise

- ❖ Walking is the best "exercise" after surgery and you need to walk DAILY. Gradually increase the distance you walk until you can walk about one mile within one month after surgery.
- ❖ Do not lift more than 10lbs for the first 4 weeks after surgery.
- ❖ No bending or twisting at the waist during the first 4 weeks after surgery.
- ❖ A "special" mattress is not required after surgery. You should avoid sleeping on a waterbed, it does not provide appropriate spine support.

Smoking

DO NOT SMOKE. This increases the chance that your bone will not heal properly. Smoking decreases the rate of skin and bone healing. Smoking also interferes with the effectiveness of your pain medication. This can impact the success of your Lumbar Laminectomy.

Constipation

The combination of surgery, narcotic pain medicine, decreased activity level, and a change in your diet, can play a role in getting constipated. After surgery, it is common to have a problem with your bowels. Increasing your fiber intake, mobility, and taking a stool softener will help.

Future Clinic Visits

The office will help you schedule your first clinic visit in 4 weeks.

When to call the office

- ❖ Excessive redness, swelling, or drainage at the incision site, particularly swelling around the back incision. Contact us if drainage persists for more than 2 days. Be prepared to describe what the drainage looks like, how it smells, and how much there is.
- ❖ If you have a temperature of 100.5 degrees or higher lasting longer than 4 hours.
- ❖ Loss of bladder or bowel control.
- ❖ Redness, warmth, or tenderness in the back of the calf of your leg(s).
- ❖ A persistent headache that is different when sitting.

Phone Numbers

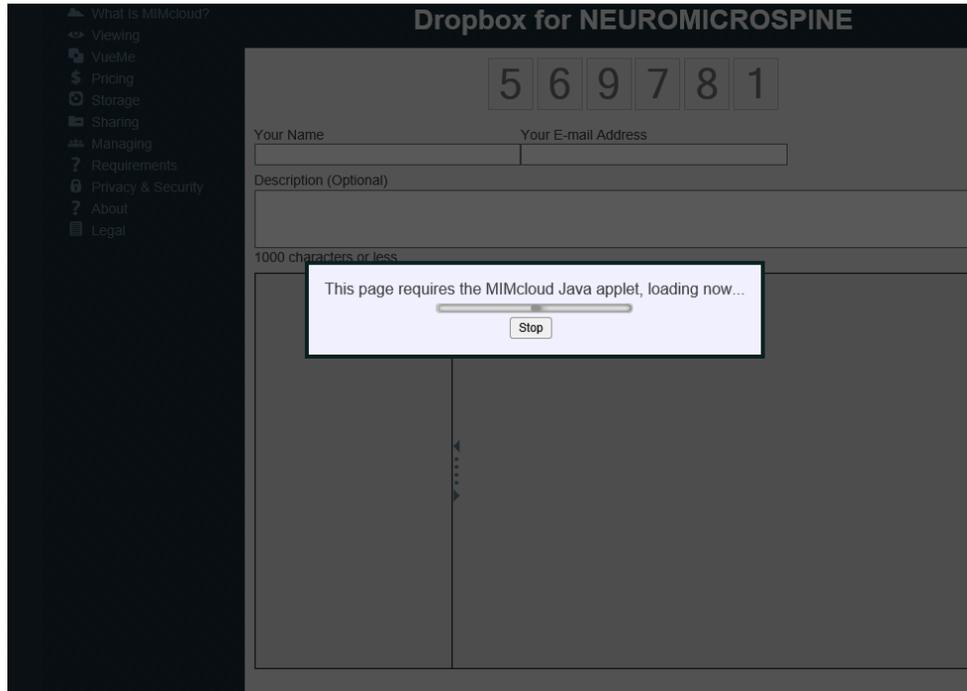
If you have questions or concerns, please call **Neuromicrospine at 850-934-**

UPLOADING YOUR SCAN TO NEUROMICROSPINE

STEP 1

Copy the URL <https://mim-cloud.appspot.com/dropbox/#/1233250010:PIN=569781/> and place in your internet browser.

You should see this:



STEP2

Uploading requires the MIMcloud Java applet, which will load automatically. Click Run.

You should see this:

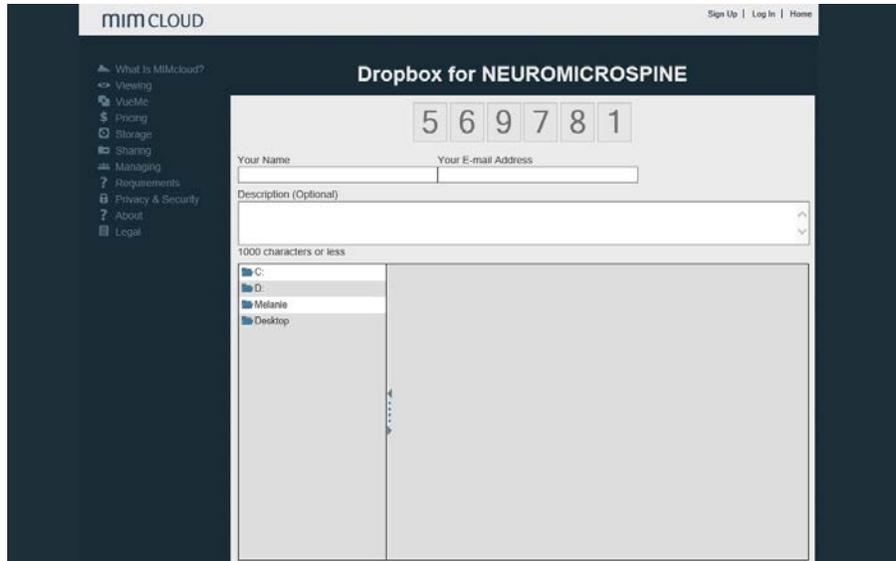


UPLOADING YOUR SCAN TO NEUROMICROSPINE

STEP 3

After Downloading, Enter your full name, email address, and brief description of scan.

You should see this:



STEP 4

Choose the folder that contains the images you would like to send and click "Search..." in the bottom left hand corner.



STEP 5

Enjoy your day. A representative from Neuromicrospine will contact you soon.