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CONSULTS

Patient Name: James Deanni

Date: 1/6/23

Diagnosis: MS4.2 / MS4.12

☐ **Consult:** Please accept this as a request for a Consultation and Evaluation of the above patient.

- ☐ PM&R ☐ Neurology ☐ Pain Management ☐ Rheumatology ☐ Vascular
☐ Spine Surgeon ☐ Medicine ☐ Pre-operative Medical Evaluation ☐ _____

☒ **Studies and Procedures:** Please accept this as a Prescription or request for the following Study / Procedure:

☒ EMG/NCV Study: ☒ R / L Upper Extremity ☐ R / L Lower Extremity

☐ Arterial Vascular Evaluation: R / L Lower Extremity

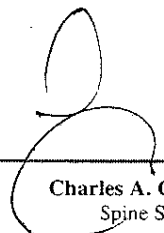
☐ Venous Ultrasound Evaluation: R / L Lower Extremity

☐ Bone Density Study

☐ Epidural Steroid Injection:

☐ Trigger Point Injection:

Sarah J. Ries, PA-C Michele Lohman, PA-C Tanya Lugo, PA-C


Charles A. Gatto, M.D.
Spine Surgery

Jason Lowenstein, M.D.
Pediatric/Adult Scoliosis
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