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## STUDIES

Patient Name: William Fischer DOB: 5/17/62 Date: 3/4/24

Diagnosis: Eul C5/6 C6/7 M54.12

**PATIENTS: DO NOT BOOK YOUR STUDY UNTIL YOU HAVE CONTACTED OUR OFFICE SPECIALIST AT 973-538-0900 ext. 594 SO WE MAY SUBMIT THE AUTHORIZATION REQUEST.**

**Please Accept this as a Prescription / Request for:**

☐ **X-RAY:** ☐ Lumbar Spine: AP / Lat / Flex / Ext ☐ Cervical Spine: AP / Lat / Flex / Ext  
☐

☐ **MRI - with continuous axial images oriented parallel to disc spaces:**

☐ Lumbar Spine ☐ Cervical Spine ☐ Thoracic Spine  
☐ Without Contrast ☐ With Contrast ☐ With and without Contrast  
☐

☒ **CT - with small cuts and sagittal and coronal reconstructions:**

☐ Lumbar Spine ☒ Cervical Spine ☐ Thoracic Spine ☐ Bone windows only  
☐

☐ **Myelogram / with follow up CT:** ☐ Lumbar spine ☐ Cervical Spine ☐ Thoracic Spine

☐ **Bone Scan:** ☐ Total Body ☐ Lumbar Spine / Pelvis / SPECT Images ☐ Other: ☐ **Bone Density**

☐ **EMG/NCV**

<input type="checkbox"/> <b>Blood Work:</b>	<input type="checkbox"/> CBC w/platelets	<input type="checkbox"/> ESR	<input type="checkbox"/> Rheum Factor	<input type="checkbox"/> HbA1C
	<input type="checkbox"/> SMA-7	<input type="checkbox"/> C- Reactive Protein	<input type="checkbox"/> ANA	<input type="checkbox"/> B12 / Folate
	<input type="checkbox"/> SMA-20	<input type="checkbox"/> SPEP	<input type="checkbox"/> Lyme Titer	<input type="checkbox"/> RPR
	<input type="checkbox"/> PT/PTT	<input type="checkbox"/> PSA	<input type="checkbox"/> HLA-B27	<input type="checkbox"/> T3 / FT4 / TSH

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