

NASA
NEUROSCIENCE
SPINE ASSOCIATES



AUTHORIZED VERBAL REQUEST

Neuroscience & Spine Associates
1660 Medical Blvd Ste 200 Naples, FL 34110
Medical Records Phone 239-449-7937 Fax 877-793-1399

RECEIVED
AUG 19 2014

BY:

Patient Name: Robert Means ID#: 103296
Patient DOB: 1/6/1971 NASA Physician/Location: SK/MR/C

Requesting Party:

☒ Patient or Patient Representative: 720-319-8316

☐ Physician/Hospital ☐ Insurance Company ☐ Other: _____

To forward medical records to:

Name: self

Address: _____

Phone: (____) _____ Fax: (239) 659-6142☐ Complete Medical Record☐ Lab Report(s) / Biopsy☐ Progress Notes/ Consultation Reports☐ Medication List☒ MRI/X-Ray Report(s) and/or MRI DISC☐ Other: _____☐ EEG/EMG Report(s)

For dates of service from _____ to _____ OR _____ ALL RECORDS

Taken By: JEAN MICCICHE Date: _____Pick-up / Charges

Date Notified: _____ Method of Notification: _____ #of pages: _____ Total charges: _____

Patient signature: _____ Date: _____

Authorized Party signature: _____ Date: _____

Identification: _____

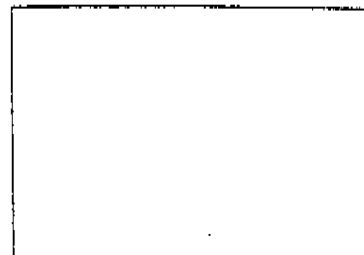
Payment to physician(s) indicated below:

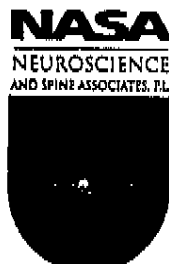
Dr. _____

Or

\$ _____ Payment to Dr. _____

\$ _____ Payment to Dr. _____





MRI CENTER

STATE-OF-THE-ART IMAGING

NEUROLOGY

F. DESMOND HUSSEY III, M.D.
JOSEPH KANDEL, M.D.
IGOR LEVY-REIS, M.D.
LISA AENILLE-MATUSZ, M.D., M.P.H.
MICHAEL A. NOVAK, M.D.
MICHAEL J. VICKERS, M.D.
CHRISTOPHER L. WEY II, M.D.

NAME:

Robert Means

DATE:

08/04/2014

DOB:

01/06/1971

STUDY:

MRI - Lumbar Spine

ID#:

000000000

REFERRING M.D.

KANDEL

CLINICAL HISTORY: Lumbar radiculopathy, back, buttocks, lower extremity pain with motor and sensory deficits.

RADIOLOGY

CHRISTOPHER GOVEA, M.D.

TECHNIQUE: MRI lumbar spine is performed at NASA MRI using Philips Intera equipment. 1.5 T field strength is maintained. Parasagittal, sagittal, axial and STIR views are available for assessment. Philips Intera equipment with 3.2.2 software upgrade was utilized.

NEUROSURGERY

MARK B. GERBER, M.D.
MICHAEL D. LUSK, M.D.
R. NICK BHASIN, M.D.
MIGUEL A. PAGAN, PA-C
DERBY FEWELL, RN, PA-C
GEORGE KARAMBELLAS, PA-C

FINDINGS: Vertebral column shows adequate alignment, adequate signal intensity of the vertebral bodies. There is disc desiccation and dehydration at L2-3-L5-S1. There is no evidence of compression deformity. The spinal cord and conus medullaris terminates at the T12-L1 level.

L1-2 level shows facet hypertrophy bilaterally. Neural foramina are patent.

At L2-3, there is broad-based annulus bulge, contained.

At L3-4, there is loss of intervertebral height, broad-based annulus bulge, facet hypertrophy. There is bilateral neural foraminal narrowing.

At L4-5, there is loss of intervertebral height, left paracentral disc protrusion, central stenosis, left lateral recess narrowing. There is facet hypertrophy. There is bilateral neural foraminal encroachment.

At L5-S1, there is loss of intervertebral height, central protrusion, facet hypertrophy and bilateral neural foraminal narrowing.

DIAGNOSTICS

EMG/NCV
MRI/MRA
EEG
DOPPLER
DIGITRACE
ULTRASOUND
FLUOROSCOPY

IMPRESSION: MRI of the lumbar spine is abnormal as follows:

1. Left L4-5 paracentral disc protrusion, central stenosis with bilateral neural foraminal narrowing left greater than right. Correlation for lumbar radiculopathy may be prudent.
2. Disc bulge L2-3, L3-4, L5-S1.
3. Facet hypertrophy L1-2, L3-4, L4-5, L5-S1.
4. Bilateral neural foraminal narrowing L3-4, L4-5, L5-S1.
5. Serial imaging, electrophysiologic testing may be of benefit.
6. Clinical correlation is suggested.


JOSEPH KANDEL, M.D.

JK/rir

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