

Re: _____

SSN: _____

LUMBAR SPINE DISORDERS

To: _____

1. Does the above-referenced patient have a spinal disorder? If so, what type?
(disc herniation, facet arthropathy, degenerative disc disease, etc.)

Is spinal stenosis present? _____

2. Is this condition confirmed on X-ray, MRI or other imaging studies?
Date/type of study/clinical findings:

3. Does your patient have chronic back pain? _____

4. What brings the pain on? _____

5. Does your patient experience radicular pain? _____

6. Is weakness present? _____ Sensory loss? _____

7. Does your patient's condition result in pseudoclaudication? _____

8. Does your patient have difficulty walking at a reasonable pace? _____

9. Does your patient require a cane, walker, or other assistive device for ambulation?

10. Does your patient have difficulty climbing stairs or walking on rough or uneven surfaces?

Please explain: _____

Date: _____ Signature: _____

Physician Name : _____ Tel: _____

Address: _____