

## **Alteration of Motion Segment Integrity (AOMSI) Service:**

The DXD report will correlate the findings with the AMA guides in a 12-15 page illustrative report.

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Telephone: \_\_\_\_\_

EMC Date: \_\_\_\_\_

MRI Findings: \_\_\_\_\_

\_\_\_\_\_

Symptoms: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

DOS of X-Rays: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Doctor Address: \_\_\_\_\_

Patient Symptoms: \_\_\_\_\_

\_\_\_\_\_

**All DXD Reports require *Flexion, Extension & Neutral* films in the spinal region desired. (APOM can be measured with *Neutral, Left & Right lateral bending*). Image distance of X-Rays is 36", 40", 72" circle 1**

Insurance company: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Adjuster Phone: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Attorney Address: \_\_\_\_\_