

# Summary of Examination for Spine Disorder

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Referring Physician: [Insert Physician Name]

## Examination Details

Type of Examination: [Insert Type]

Location: [Insert Clinic or Hospital Name]

Examiner: [Insert Examiner Name and Title]

## Clinical Findings

- Symptoms: [List Symptoms]
- Range of Motion: [Details]
- Neurological Assessment: [Details]
- Imaging Results: [Insert Findings from MRI/CT/X-ray]

## Diagnosis

[Insert Diagnosis]

## Recommendations

- Treatment Options: [Insert Options]
- Follow-Up Appointment: [Insert Date and Time]
- Additional Referrals: [Insert if applicable]

## Conclusion

If you have any questions regarding this examination, please feel free to contact our office.

Sincerely,

[Examiner Name]

[Title]

[Contact Information]