



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.

Requires the following information:

1. Patient Name _____
2. Patient Address _____
3. Patient Telephone _____
4. EMC date _____ MRI findings _____
5. Symptoms _____
6. Date of Birth ____/____/____
7. Date of Accident ____/____/____
8. DOS of X-Rays ____/____/____
9. Doctor Name - Phone _____
10. Doctor Address _____
11. Patient Symptoms: _____
12. ALL DXD reports require **Flexion, Extension, and Neutral** films in the spinal region desired. (**APOM** can be measured with **Neutral, left and right lateral bending**). **Image distance of X-rays is (36" , 40" , 72") circle 1**
13. Insurance Company _____
14. Adjuster _____ Phone _____
15. Claim number _____
16. Attorney Name _____ Phone _____
17. Attorney Address _____