



**Luis A. Mignucci, M.D.**  
**Omar Colon, M.D.**

Dear \_\_\_\_\_

Thank you for choosing NeuroSpine Surgical Consultants for your medical needs.

Your appointment for a surgical evaluation has been scheduled for:

\_\_\_\_\_ at the following office location:

- 6160 Windhaven Parkway Ste. 200 Plano, Texas 75093 (972) 378-6908

**PLEASE READ CAREFULLY THE FOLLOWING INSTRUCTIONS:**

- **Physician Referral:** Some insurance companies require a referral from a primary care physician (PCP). Please contact your insurance company or PCP to determine if you need a referral. If your insurance is one that requires a referral, please obtain the referral and provide it to our office. The referral **must** be on file before our medical personnel can see you. **PLEASE BRING YOUR MEDICAL INSURANCE CARD(S) AS WELL AS A PICTURE ID (Driver's License) TO YOUR APPOINTMENT.**
- **Medical History Form:** Please complete the enclosed medical history form as completely and accurately as possible. Please include the name, strength and dose of **all medications.** Your past medical and surgical history should be as accurate as possible. **HAVING THIS PAPERWORK COMPLETED PRIOR TO YOUR APPOINTMENT TIME WILL HELP AVOID DELAYS IN SEEING THE DOCTOR.**
- **Diagnostic Films: (X-rays, CT Scans, MRI Films, etc):** In order for the surgeon to properly evaluate and determine your diagnosis, it will be necessary to review your most recent diagnostic films (X-rays, CT Scans, MRI films, etc). **PLEASE BRING THESE FILMS WITH YOU TO YOUR APPOINTMENT – YOU MUST HAVE THEM WITH YOU AT THE TIME OF YOUR APPOINTMENT OR YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED.** Films will not be accepted at our offices prior to your appointment time.
- **Medical Records/Office Notes:** It is also necessary for us to have your most recent medical records which relate to the condition necessitating this appointment. The last one or two office notes from your referring physician should be adequate.