



NEUROSURGICAL SPECIALISTS, INC.

DIPLOMATES, AMERICAN BOARD OF NEUROLOGICAL SURGERY

DAVID C. WATERS, M.D.
JONATHAN P. PARTINGTON, M.D.
GRANT A. SKIDMORE, M.D.
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DAVID A. VINCENT, M.D.
JEFFREY J. LAURENT, M.D.

ROBERT A. RASHTI, M.D.
RETIRED
(1981-2001)
DANIEL A. WHITE, M.D.
DECEASED
(1940-1983)

Dear Sir or Madam:

Thank you for choosing our Practice to serve you. Please fill out the enclosed paperwork completely. *Keep in mind that the **NEW healthcare laws** now require that we collect some information that is different from what was collected in the past.* Please make sure to complete review of systems, medical history with the complete medication name, mg./dosage, how often taking, and reason for taking the medication. Please also list the surgeries you have had, what body part and the surgeon (if possible).

Please bring the forms to your next scheduled doctor's appointment along with your **insurance card(s) and Driver's License or Photo ID.** Make sure that you bring your hard copy of your films/scans too. We will accept CD's but **prefer** the actual films. ******PLEASE NOTE: IF you are seeing Dr. Waters or Dr. Skidmore please have FILMS printed. No CD's. ******

While we are aware this may seem like a lot of information we are requesting, it is all necessary to help us treat you and in making the best possible diagnosis. Our staff has been instructed to ask you for any information that is not complete, so please fill out everything to the best of your ability.

Again thank you for allowing us to serve you.

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For more information on our practice, please visit us on the web at **www.nsinc.org**