



**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 \_\_\_\_\_