

From: "Doyle, Brianna" <[REDACTED]>

To: "[REDACTED]" <[REDACTED]>

Subject: Questionnaire

Date: Mon, 26 Oct 2015 13:37:23 +0000

Attachments: NEW_PATIENT_FORM.pdf

Inline-Images: image001.png; image002.png; image003.png; image004.png; image005.png

Good morning,

I have attached a questionnaire to this email for the patient to ***please complete prior to his appointment and bring with him*** to his consultation with Dr. Rawlins on October 27, 2015 at 9:15A along with any relevant radiology imaging and reports related to his spinal issue.

I do need to know the following information prior to the appointment:

Leg or arm pain? How long?

Injections? How many?

Pain medication the patient is taking and if he is pain management.

We are located at [REDACTED] on the 2nd Floor in-between York Avenue and the East River.

Thank you,

BRIANNA DOYLE
Surgical Coordinator
Dr. Bernard A. Rawlins

TEL [REDACTED]

FAX [REDACTED]

 <http://www.hss.edu/images/icons/email-icon-logo.png>

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