



Dear New Patient:

We would like to take this opportunity to welcome you as a patient and to thank you for choosing our Neurosurgery practice. It is our goal to assist you with all of your neurosurgery needs.

Please take the time to fill out the new patient paper work that was sent to you.

We would also appreciate that you bring any imaging on CD or any doctor reports you have pertaining to this consult.

Please arrive 15 minutes early. For any reason you need to cancel or reschedule please do within 24 hours of your appointment. **Your appointment is subjected to a \$100.00 no show fee.**

**38420 5<sup>th</sup> St. West Suite E  
Palmdale, Ca 93551  
661-480-2377 phone  
661-480-2378 fax**



Please contact our office if you have any question or need help with any of your paperwork.

Thank you NeuroSpine Institute ,

Jennifer Edgar, CCMC-A/C  
NeuroSpine Institute Executive