



MIAMI SPINE CARE  
MULTI-SPECIALTY PHYSICIANS, P.A.

Patient Name: *N. R.*

Diagnosis: *L5/S1 Herniation*

Age/Sex: *69*

Type of surgery: *Microscopic*  
How soon did you feel relief? *1. immediate*

Back/neck:  
Arms / legs

How long we're you in the hospital? *2 days*

How long till you were back to work/normal activities?

Are you happy you had the operation? *Yes*

Did you have any complications? *NO*

Comments about

Dr. Brusovanik: *best*

About his staff: *My Nurse*

About the hospital stay: *no too long*

*My Nurse*