



Patient Name: J - P

Age/Sex: M **Diagnosis: Gun shot wound to the spinal cord.**

Type of surgery: **Removal of 5 intraspinal bullets.**

How soon did you feel relief? **Immediately after surgery.**

Back/neck: **Lower Back Pain**

Arms / legs **R++Lt Legs.**

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

How long till you were back to work/normal activities? **2 weeks**

Are you happy you had the operation? **Yes.**

Did you have any complications? **No.**

Comments about **Good doctor, he did a great job.**
 Dr. Brusovanik: **For surgery everything was fast, including surgery, it's like nothing happened.**

About his staff: **happened.**

About the hospital stay: **Nice staff, very helpful.**
They helped & food was good.

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