



MRI REVIEW COVER LETTER

Patient Name:

Date of Birth:

Phone:

Please mail (NOT email) your MRI CD/USB and radiology report to:

Deuk Spine Institute
Attn: MRI Review
7955 Spyglass Hill Rd Ste A
Melbourne, FL 32940

Please include this cover letter with your submission.

Deuk Spine Institute is not responsible for returning MRI discs. If you wish to retain your originals, please make an additional copy before mailing.