



# Buffalo Spine Surgery

Center for Excellence in Spine Care

Andrew Cappuccino, MD  
FAAOS, FACS  
Diplomate American Board  
Of Orthopedic Surgery  
Charter Diplomate American Board  
Of Spine Surgery  
BES - Biomedical Engineering  
Fellowship Trained Spine Surgery

Dear \_\_\_\_\_

We have scheduled you for an appointment on \_\_\_\_\_ at \_\_\_\_\_  
with Dr. Andrew Cappuccino, Eric Dean RPA-C.

\_\_\_\_\_ 46 Davison Court  
Lockport, NY 14094

\_\_\_\_\_ 6133 Route 219 – Suite 101  
Ellicottville, NY 14731

We would like to welcome you to our office. Our goal is to provide you with comprehensive spine evaluation and care, utilizing the latest available technology and surgical techniques to return out patients to their optimal level of function as quickly as possible.

Your initial appointment consists of a thorough medical history and examination. X-rays will be taken if necessary. Our findings and recommendations will be discussed with you at that time.

Enclosed you will find a medical history form, a registration form, a pain diagram, and our financial and office policies. These forms can be completed at your convenience and must be brought with you to your appointment.

**Please bring the following to your appointment:**

\_\_\_\_\_ all pertinent MRI, x-ray, CT scan, bone scan **FILMS**

**PATIENT IS RESPONSIBLE FOR OBTAINING ACTUAL FILMS  
NO CD'S WILL BE ACCEPTED**

\_\_\_\_\_ Insurance cards, information, and referrals

**For Workman's Compensation cases, please bring:**

\_\_\_\_\_ WCB number

\_\_\_\_\_ Carrier case number

\_\_\_\_\_ Date of injury

\_\_\_\_\_ IME records

\_\_\_\_\_ Name of insurance company, billing  
address, claim representative name and  
telephone number

\_\_\_\_\_ Attorney information (if applicable),  
mailing address, telephone number and fax  
number

**For No-Fault Cases, please bring:**

\_\_\_\_\_ Attorney information (if applicable),  
mailing address, telephone number and fax  
number

\_\_\_\_\_ Name of insurance company, billing  
address, claim representative name and  
telephone number

\_\_\_\_\_ Policy number

\_\_\_\_\_ Carrier case number

\_\_\_\_\_ Date of accident

\_\_\_\_\_ IME records

**\*\*IF YOU HAVE HAD A PRIOR SPINAL SURGERY, YOU MUST BRING A COPY OF THE  
OPERATIVE REPORTS OR YOUR APPOINTMENT WILL BE RESCHEDULED.**

**\*\* CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE.**

**\*\*FAILURE TO BRING ANY OF THE ABOVE WILL RESULT IN YOUR APPOINTMENT  
BEING RESCHEDULED TO THE NEXT AVAILABLE APPOINTMENT.**

A 48 hour notice is required if you are not able to keep your appointment. Should you have any questions, please feel free to call us at 716-438-2973.

Thank You  
Buffalo Spine Surgery

46 Davison Court Lockport, New York 14094  
716-438-2973  
www.BuffaloSpineSurgery.com  
Buffalospine@aol.com

Eric Dean, RPAC