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## **MEDICAL RECORD INDEX**

**Name on Record:** Jane Doe

**Date of Birth:** xx/xx/xxxx

**Social Security Number:** XXX-XX-1234

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To The Records Custodian:

MICHIGAN HEAD & SPINE INSTITUTE [REDACTED]

You are to release the records of:

Due Date:

Job Number:

## CERTIFICATE OF COMPLETENESS

**This SIGNED CERTIFICATE must accompany the documents being submitted or you will be contacted by our office.**

I certify that, to the best of my knowledge, information and belief, that all documents or things required to be produced according to the issued subpoena have been produced.

X

\_\_\_\_\_  
Signature of the Records Custodian

X

\_\_\_\_\_  
Date

If any of the requested record types are not available, please indicate so below. Please include a brief description of why the records are not available.

☐

No Billing Records

☐

No Films

☐

Other (specify record type below)

☐

No Medical Records

☐

No Employment Records

Note \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

- You are only required to photocopy and provide records. Your personal appearance is not required.
- Should the fee for providing these records exceed **\$250.00**, you must submit the fee to Legal Copy Services for approval before sending the documents. Without prior approval, payment is not guaranteed.
- Fees charged must be in accordance with state laws. You may contact us for a copy of the appropriate fee guidelines enacted by the state.
- If you do not have the records specified, you are required to send a signed and dated statement indicating such. You may use the Certificate of Completeness above.
- Please ship all original documents/films with a tracking number.

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#### Records Can Be E-mailed To:

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#### Records Can Be Faxed To:

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#### Questions? Feel free to call us:

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**STATE OF MICHIGAN**MI Circuit Court  
16th MI Circuit Court**SUBPOENA  
Order to Appear and/or Produce**

Case No:

**Court address:** 40 N. Main, Mt. Clemens MI 48043-5654

Court telephone no.: 586-469-5351

Plaintiff(s)/Petitioner(s)

☐ People of the State of Michigan☒ [REDACTED]☒ Civil☐ Criminal☐ Probate In the matter of

V

Defendant(s)/Respondent(s)

Charge

In the Name of the People of the State of Michigan. TO: **MICHIGAN HEAD & SPINE INSTITUTE** [REDACTED]

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

**YOU ARE ORDERED TO produce/permit inspection or copying of the following items:**

**RECORDS REQUESTED:** The complete copy of all records, without limitation, including but not limited to: any and all sign in sheets, any and all medical reports, doctor notes/reports, nurse's notes/reports, consultation notes/reports, admission notes, treatment notes/history, lab results, medical orders, psychological reports, neuropsychological reports, physical therapy notes/orders/regimen, performance appraisals, exams, results, insurance documents, intake forms, patient history forms, discharge reports, disability prescriptions, prescriptions slips, discharge summaries, radiographic study reports, medical orders, Michigan Automated Prescription System Reports, and the like from [REDACTED] to present pertaining to [REDACTED] including but not limited to Michigan Head and Spine-Pontiac

**Records due by: 10/27/2017**

You can be reimbursed for reasonable costs incurred while copying and producing the records. If you expect charges to exceed \$250.00, submit the fee, including the total cost and page count, to Legal Copy Services for pre-approval prior to sending the documents.

**Please mail, email or fax records to Legal Copy Services:****Records Can Be Shipped To:**Legal Copy Services, Inc.  
3280 N. Evergreen Drive NE  
Grand Rapids, MI 49525-9580**Records Can Be E-mailed To:**

records@legalcopyservices.com

**Records Can Be Faxed To:**

(877) 949-2270

Person requesting subpoena		Telephone no.
[REDACTED]		[REDACTED]
Address		
[REDACTED]		
City	State	Zip
[REDACTED]	MI	[REDACTED]



**FAILURE TO OBEY THE COMMANDS OF THE SUBPOENA OR TO APPEAR AT THE STATED TIME AND PLACE MAY SUBJECT YOU TO PENALTY FOR CONTEMPT OF COURT.**

10/9/2017

Date

/s/ [REDACTED]

Judge/Clerk/Attorney

[REDACTED]

Bar no.

Court use only

☐ Served☐ Not Served

MI Circuit Court  
16th MI Circuit Court

**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

CASE NO.  
[REDACTED]

Court address  
40 N. Main, Mt. Clemens, MI. 48043-5654

Court telephone no.  
586-469-5351

Plaintiff  
[REDACTED]

v

Defendant  
[REDACTED]

1. [REDACTED] Patient's name [REDACTED] Social security no. [REDACTED] Date of birth [REDACTED]

2. I authorize **MICHIGAN HEAD & SPINE INSTITUTE** [REDACTED]  
[REDACTED]

to release **RECORDS REQUESTED: The complete copy of all records, without limitation, including but not limited to: any and all sign in sheets, any and all medical reports, doctor notes/reports, nurse's notes/reports, consultation notes/reports, admission notes, treatment notes/history, lab results, medical orders, psychological reports, neuropsychological reports, physical therapy notes/orders/regimen, performance appraisals, exams, results, insurance documents, intake forms, patient history forms, discharge reports, disability prescriptions, prescriptions slips, discharge summaries, radiographic study reports, medical orders, Michigan Automated Prescription System Reports, and the like from [REDACTED] to present pertaining to [REDACTED] including but not limited to Michigan Head and Spine-Pontiac**

to **Legal Copy Services, Inc. 3280 N Evergreen Dr NE, Grand Rapids, MI 49525-9580**  
[REDACTED] [REDACTED]

3. I understand that unless I expressly direct otherwise:

- a) the custodian will make the medical information reasonably available for inspection and copying, or
- b) the custodian will deliver to the requesting party the original information or a true and exact copy of the original information accompanied by the certificate on the reverse side of this authorization.

I understand that medical information may include records, if any, on alcohol and drug abuse, psychology, social work, and information about HIV, AIDS, ARC, and any other communicable disease.

- 4. This authorization is valid for twelve months and is signed to make medical information regarding me available to the other party(ies) to the lawsuit listed above for their use in any stage of the lawsuit. The medical information covered by this release is relevant because my mental or physical condition is in controversy in the lawsuit.
- 5. I understand that by signing this authorization there is potential for protected health information to be redisclosed by the recipient.
- 6. I understand that I may revoke this authorization, except to the extent action has already been taken in reliance upon this authorization, at any time by sending a written revocation to the doctor, hospital, or other custodian of medical information.

X [REDACTED]  
Date [REDACTED]

X [REDACTED]  
Signature [REDACTED]

Address  
[REDACTED]

[REDACTED]  
Name (type or print) (If signing as Personal Representative, please state under what authority you are acting)

City, state, zip  
[REDACTED]Telephone no.  
[REDACTED]

45 CFR 164.508, MCL 333.5131(5)(d), MCL 333.26265,  
MCR 2.506(l)(1)(b), MCR 2.314



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**MADISON HEIGHTS** Open MRI  
30781 Stephenson Highway  
Madison Heights, MI 48071

**NOVI** MRI, X-ray  
25500 Meadowbrook Road, Suite 150  
Novi, Michigan 48375

**CLINTON TOWNSHIP** MRI, X-ray  
43475 Dalcoma Drive, Suite 150  
Clinton Township, Michigan 48038

**ALLEN PARK** MRI only  
15670 Southfield Road  
Allen Park, MI 48101

**Date:** May 24, 2017  
**PATIENT:** [REDACTED]  
**DOB:** [REDACTED]  
**ACCOUNT#:** [REDACTED]  
**REF PHYSICIAN:** John Smith, MD  
**EXAM:** MRI BRAIN WO

**HISTORY:** This is a [REDACTED] who was involved in a motor vehicle accident on 4/12/16. She presents with headaches, neck pain and numbness in the hands and fingers as well as blurred vision and right-sided hearing loss. She also has a history of hypopituitarism.

**PROCEDURE:** MR imaging through the brain was performed in the sagittal, axial and coronal planes utilizing T1 and T2-weighted spin echo, FLAIR and diffusion-weighted pulse sequences pulse sequences. The study includes 3 mm thin sagittal and coronal sections through the sella turcica. A 3-D coronal T2-weighted high-resolution sequence through the sella turcica was also obtained. The study was performed utilizing a high-resolution, 8 channel brain coil on a 1.5 Tesla high field MRI system.

**FINDINGS:** The pituitary gland is normal in size, contour and signal. The pituitary infundibulum is midline and appears normal. There is no mass of the pituitary gland or sella turcica. The suprasellar cistern and optic chiasm appear normal. The cavernous sinuses and their contents appear normal.

The ventricular system, cortical sulci and subarachnoid CSF spaces are normal. There is no hydrocephalus or mass effect on the ventricles.

The brain parenchyma, brain stem and cerebellum are normal in signal and morphology. There is no mass lesion, mass effect or alteration of signal intensity.

The orbits and retrobulbar regions are normal. The optic nerves and optic chiasm appear

**PATIENT:** [REDACTED]  
**Date:** May 24, 2017  
**EXAM:** MRI BRAIN WO  
Page Two

normal.

The cerebellopontine angle cisterns and seventh and eighth nerve complexes appear normal.

There are mucous retention cysts or lobulated mucosal thickening of the floor the bilateral maxillary sinuses.

There are normal flow voids present within the intracranial carotid and vertebrobasilar circulations.

There is no abnormal extra-axial fluid collection or mass.

The bony calvarium and the craniovertebral articulation appear normal.

**IMPRESSION:** Mucous retention cyst versus lobulated mucosal thickening in the floors of the maxillary sinuses.

Otherwise normal MRI of the brain with attention to the sella turcica.



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**Date:** December 10, 2016

**PATIENT:** [REDACTED]

**DOB:** [REDACTED]

**ACCOUNT#:** [REDACTED]

**REF PHYSICIAN:** Thomas Jones, DO

**EXAM:** MRI TMJ WO CONTRAST

**History:** This is a 66-year-old female with bilateral temporomandibular joint pain after a motor vehicle accident on 4/12/16.

**Procedure:** MR imaging through the temporomandibular joints was performed in the axial, coronal and oblique sagittal planes utilizing T1 weighted fast spin echo, fat-suppressed T2 fast spin echo and T2\*gradient echo pulse sequences. The sagittal sequences were obtained in the open and closed mouth positions utilizing a dedicated TMJ coil on a high-field 1.5 Tesla MR system.

**Findings:** The mandibular condyles appear normal in signal and morphology without erosion or other changes to indicate arthritis or other significant bony abnormality. The mandibular fossa appear normal bilaterally.

There is normal positioning of the mandibular condyles with respect to the mandibular fossa in the closed mouth position bilaterally. The biconcave articular disc however is displaced anteriorly in the closed mouth position.

There is normal positioning of the mandibular condyles with respect to the mandibular fossa in the open mouth position bilaterally with normal anterior translation of the condyles with respect to the articular eminence. However, the biconcave articular disc remains displaced anteriorly bilaterally.

There is no soft tissue mass or other abnormality of the surrounding soft tissue structures.

**PATIENT:** [REDACTED]  
**Date:** December 10, 2016  
**EXAM: MRI TMJ WO CONTRAST**  
Page Two

The visualized portions of the mastoid air cells appear normal. Both seventh and eighth nerve complexes appear normal on the axial T1-weighted images.



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**Date:** May 19, 2016  
**PATIENT:** [REDACTED]  
**DOB:** [REDACTED]  
**ACCOUNT#:** [REDACTED]  
**REF PHYSICIAN:** Thomas Jones, DO  
**EXAM:** MRI CERVICAL WO

**HISTORY:** Cervicobrachial syndrome since a motor vehicle accident

**PROCEDURE:** MR imaging through the cervical spine was performed in the sagittal and axial planes utilizing T1 and T2-weighted spin echo pulse sequences. The study includes oblique sagittal T2 sequences angled perpendicular to the neural foramina.

**FINDINGS:** The cervical vertebra are normal in signal and height. There is no fracture or pathologic marrow signal.

The cervical spinal cord appears normal in signal and morphology. No syrinx or intraspinal mass.

The paraspinal soft tissues are unremarkable.

There is straightening of the cervical lordotic curve.

At C2-3 and C3-4 the disks are normal. The canal and foramina are patent.

At C4-5 there is normal disc signal and height. There is less than 2 mm bulging of the disc. The canal diameter is adequate. There is mild bony foraminal stenosis on the left.

At C5-6 there is a central disc herniation that measures approximately 2.7 mm. The canal diameter is adequate. The foramina are patent.

**PATIENT:** [REDACTED]

**Date:** May 19, 2016

**EXAM:** MRI CERVICAL WO

Page Two

At C6-7 there is 2 mm bulging of the disc. The canal and foramina are patent.

At C7 T1-T2 through the disks are normal. The canal and foramina are patent.

**IMPRESSION:**

BULGING DISC AT C4-5. THERE IS MILD BONY FORAMINAL STENOSIS.

CENTRAL DISC HERNIATION AT C5-6.

BULGING DISC AT C6-7.

THERE IS STRAIGHTENING OF THE CERVICAL LORDOTIC CURVE WHICH MAY INDICATE CERVICAL MUSCULAR SPASM.

8 MM NODULE IN THE RIGHT LOBE OF THE THYROID GLAND. THIS MOST LIKELY REPRESENTS AN INCIDENTAL FINDING. GIVEN THE PATIENT'S AGE AND THE SIZE AND APPEARANCE OF THE LESION, NO SPECIFIC FOLLOW-UP IS CONSIDERED NECESSARY.



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**Date:** May 19, 2016  
**PATIENT:** [REDACTED]  
**DOB:** [REDACTED]  
**ACCOUNT#:** [REDACTED]  
**REF PHYSICIAN:** Sandra Stone, DO  
**EXAM:** MRI THORACIC WO

**History:** Cervical brachial syndrome since a motor vehicle accident

**Procedure:** MR imaging through the thoracic spine was performed in the sagittal and axial planes utilizing T1 and T2-weighted spin echo and inversion recovery pulse sequences.

**Findings:** The thoracic vertebra are normal in signal, height and alignment. There is no fracture or pathologic marrow signal.

The thoracic spinal cord appears normal in signal and configuration. No evidence for syrinx, mass or other cord signal abnormality.

The paraspinous soft tissues are unremarkable.

The cervical discs are normal in signal and height. There is no bulge or herniation. The canal and foramina appear patent.

**IMPRESSION:**  
NORMAL MRI OF THE CERVICAL SPINE.



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**Date:** May 19, 2016  
**PATIENT:** [REDACTED]  
**DOB:** [REDACTED]  
**ACCOUNT#:** [REDACTED]  
**REF PHYSICIAN:** Thomas Jones, DO  
**EXAM:** MRI LUMBAR WO

**History:** Low back pain

**Procedure:** MR imaging through the lumbar spine was performed in the sagittal, coronal and axial planes utilizing T1 and T2 weighted spin echo and inversion recovery pulse sequences.

**Findings:** The lumbar vertebra are normal in signal and height. There is no fracture or pathologic marrow signal.

The conus medullaris and cauda equina appear normal.

The paraspinous soft tissues are unremarkable.

At L4-5 there is normal disc signal and height. There is less than 2 mm bulging of the disc and there is facet hypertrophy. The canal diameter is adequate. There is mild bilateral foraminal stenosis.

The other lumbar discs are normal. The canal and foramina are patent at the other levels as well.

**IMPRESSION:**  
 BULGING DISC AND FACET HYPERTROPHY AT L4-5.