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NEUROLOGY & SLEEP MEDICINE

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SPINAL TAP (CSF)-PART-II

REVISED RJMDPA07/22/2007

PATIENT'S NAME: _____ DOB: _____

CLINICAL DIAGNOSIS: R/o Demyelination 340.0

LOCATION OF TESTING: () Medical Center of Plano
() Presbyterian Hospital of Plano

PROCEDURE: Consult Radiology for spinal fluid (CSF) analysis under fluoroscopy for the following studies:

REQUESTED STUDIES:

OPENING PRESSURE: Please record opening pressure in the horizontal position.

TUBE-1 (5 ML): Cytology

TUBE-2 (5 ML): Cell count and differential

Protein

Sugar

TUBE-3 (5 ML): VDRL

Cryptococcal Antigen

Gram's stain and Culture

AFB Stain and Culture

Fungal Stain and Culture

TUBE-4 (5 ML): IGG Index

Oligoclonal Bands

Draw 10 ml blood at time of spinal tap for IGG Index

CLOSING PRESSURE: Please record the closing pressure.

FOLLOWING PROCEDURE:

1. Rest flat in bed in a horizontal position for 4 hours after the procedure
2. Do not drive, have a friend or family drive you home
3. Rest at home for 48 hours
4. Drink plenty of fluids
5. Call 911 and go to the ER, if you have any concerns
6. Return to clinic in 2-3 weeks, or call as needed

I acknowledge that I have read this document and have no questions.

SIGNATURE: _____

NAME (Printed): _____ DATE: _____