NORTH AMERICAN SPINE SOCIETY

PATIENT EDUCATION BROCHURES

Product #	Brochures (sets of 25)	NASS Member* Nonmember	
SPONDY	Adult Isthmic Spondylolisthesis	 \$15.00	\$20.00
BONE-GRAFTS	Bone Grafts	 \$15.00	\$20.00
CERV-MYE	Cervical Stenosis & Myelopathy	 \$15.00	\$20.00
DISCOGRAPHY	Discography	 \$15.00	\$20.00
ELECTRO-TEST	Electrodiagnostic Testing	 \$15.00	\$20.00
FACET	Facet Joint Injections	 \$15.00	\$20.00
HERBAL	Herbal Supplements	 \$15.00	\$20.00
HERN-LUM-DISC	Herniated Lumbar Disc	 \$15.00	\$20.00
HERN-CERV-DISC	Herniated Cervical Disc	 \$15.00	\$20.00
LUM-SPINE-STEN	Lumbar Spinal Stenosis	 \$15.00	\$20.00
MRI	MRI	 \$15.00	\$20.00
NSAIDS	NSAIDs	 \$15.00	\$20.00
DISCECTOMY	Open Discectomy	 \$15.00	\$20.00
OSTEO	Osteoporosis	 \$15.00	\$20.00
PATIENT-SAFETY	Patient Safety: Safeguard Your Health	 \$15.00	\$20.00
RADIO-ASSESS	Radiographic Assessment	 \$15.00	\$20.00
SPINE-FUSION	Spinal Fusion Surgery	 \$15.00	\$20.00
INJECTIONS	Spinal Injections	 \$15.00	\$20.00
STINGERS	Stingers	 \$15.00	\$20.00
YNG-ATHL	Treatment of Young Athletes	 \$15.00	\$20.00
WHIPLASH	Whiplash and Whiplash-Associated Disorders	 \$15.00	\$20.00

SPINE HEALTH HANDOUTS

Product #	Spine Health Handouts (pads of 25)		NASS Member*	Nonmember
BTHW-11	Am I at Risk for Osteoporosis?	Number of pads	\$15.00	\$20.00
BTHM-10	Back Pain in Pregnancy	Number of pads	\$15.00	\$20.00
BTHW-2	Back Pain Risk Scale	Number of pads	\$15.00	\$20.00
BTHW-4	Back Quiz for Women	Number of pads	\$15.00	\$20.00
BTHW-6	Exercises for a Healthy Back	Number of pads	\$15.00	\$20.00
BTHW-3	Know Your Back!	Number of pads	\$15.00	\$20.00
BTHW-12	Preventing Osteoporosis	Number of pads	\$15.00	\$20.00
BTHW-1	Seven Back Pain Warning Signs	Number of pads	\$15.00	\$20.00
BTHM-9	Strength Training for the Elderly	Number of pads	\$15.00	\$20.00
BTHW-5	Ten Tips for a Healthy Back	Number of pads	\$15.00	\$20.00
BTHW-13	Complete set of all ten handouts	Number of sets	\$100.00	\$135.00

Illinois residents add 8.25% sales tax \$____

*NASS Member Name?	TOTAL \$		
 My check is enclosed. Please charge my credit card:VisaMasterO 	CardAmerican Express		
Card No		Exp. Date	
Name on card (please print)			
Signature			
Name			
Address			
City	State Zip	Country	
Phone	Fax		
	Specialty?		
	Or, mail your check (payable to NASS) with this form to:		

NASS, Dept 77-6663, Chicago, IL 60678-6663.

Prices effective Jan. 1-Dec. 31, 2004

NASS Tax ID No. 36-3382069 SOURCE:WEB SITE (REV. 1/04)