Communication Form for Spinal Surgery

*Manuscript No. (* This part will be used in the Editorial Office. )

Manuscript title:

Authors:

Affiliation:

Address:

Type of the manuscript (Please circle one of the followings):

Original Article, Case Report, Other Categories ( )

Contents of the Manuscript:

Text: pages
References: pages
Abstract: pages
Photograph number:
Illustration number:
Table number:
Figure legends: pages

Name of the corresponding author:

Address:

Phone:

Fax: