

Dr. Bess Chang
Board Certified in Neurology

8530 W. Sunset Road, Suite 350
Las Vegas, Nevada 89113

MEDICAL NEUROLOGY



www.MedicalNeurologyLV.com

Contact Information:

Phone: (702) 851-1065
Fax: (702) 851-1066

REFERRAL FORM

PATIENT NAME:		DOB:	SSN:	EMAIL:
HOME PHONE:	WORK PHONE:		CELL PHONE:	
ADDRESS:		CITY:	STATE:	ZIP:
REF. PHYSICIAN:		PHONE:	FAX:	FAX CONTACT:

INSURANCE / WORKER'S COMPENSATION

PRIMARY INSURANCE NAME OR WORKER'S COMP COMPANY:	SECONDARY INSURANCE NAME:	CLAIM AUTHORIZATION #:
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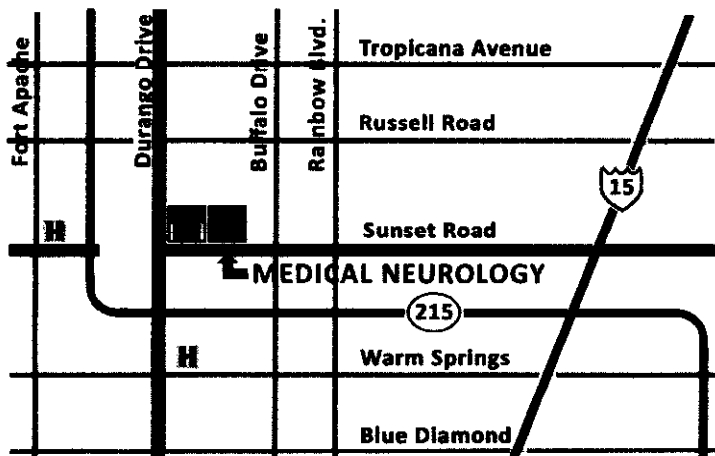
MED PAY / MEDICAL LIEN / OTHER

PAYER / ATTORNEY INFORMATION:	ADDRESS:
PAYER / ATTORNEY PHONE:	PAYER / ATTORNEY FAX:

SERVICED REQUESTED

<input type="checkbox"/> NCV/EMG UPPER EXTREMITIES <input type="checkbox"/> NCV/EMG LOWER EXTREMITIES <input type="checkbox"/> ROUTINE EEG <input type="checkbox"/> AMBULATORY 24 HOUR EEG <input type="checkbox"/> CONSULTATION AND TREATMENT FOR: _____	<input type="checkbox"/> Please check this box if you need us to obtain the auth. Please send supporting office notes.
DIAGNOSIS AND/OR SYMPTOMS	

PLEASE FAX PICTURE ID/INS CARD, OFFICE NOTES, BLOODWORK, RADIOLOGY REPORTS



DIRECTIONS FROM CR-215:

- TAKE EXIT #17/18 DURANGO/SUNSET EXIT
- TURN ONTO DURANGO DRIVE NORTH
- TURN RIGHT AT SUNSET (CHEVRON/McDONALDS CORNER)
- WE ARE IN DURANGO MEDICAL PLAZA (THREE STORY GREY BUILDING)
- TAKE ELEVATOR TO 3RD FLOOR, TURN LEFT TO SUITE 350