*Board Certified in Neurology*

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

MEDICAL
NEUROLOGY

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# 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 #: |
|---|---|---|
| | | |

## MED PAY / MEDICAL LIEN / OTHER

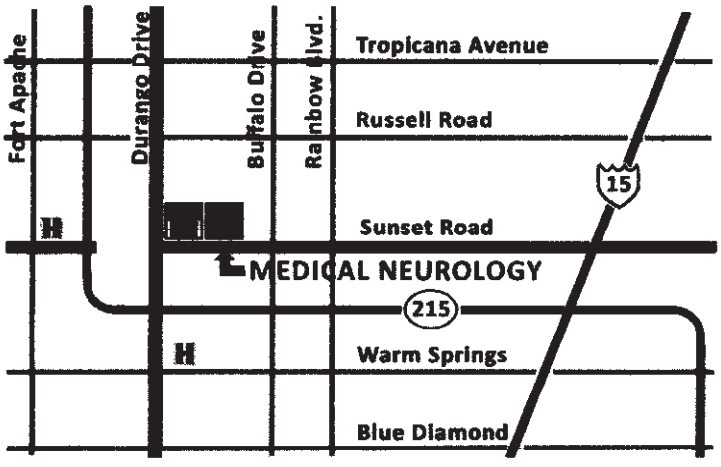
| PAYER / ATTORNEY INFORMATION: | ADDRESS: |
|---|---|
| PAYER / ATTORNEY PHONE: | PAYER / ATTORNEY FAX: |

## SERVICED REQUESTED

- ☐ NCV/EMG UPPER EXTREMITIES
- ☐ NCV/EMG LOWER EXTREMITIES
- ☐ ROUTINE EEG
- ☐ AMBULATORY 24 HOUR EEG
- ☐ CONSULTATION AND TREATMENT FOR: _____
  DIAGNOSIS AND/OR SYMPTOMS

☐ Please check this box if you need us to obtain the auth. Please send supporting office notes.

**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