



PHYSICIAN FAX REFERRAL REQUEST/ORDER

FAX THIS REFERRAL TO APPOINTMENT SCHEDULING AT (225) 768-2186.
We will call your patient and schedule an appointment. Thank you for your referral.
If you have any other questions please call scheduling at (225) 768-2050.

PATIENT INFORMATION:
(Please print)

Patient's Name: _____ D.O.B.: ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Diagnosis: _____ Diagnosis Code: _____

Insurance Name: _____ Group #: _____ Member Name: _____

****Please attach a copy of the insurance card if possible****

REFERRING PHYSICIAN INFORMATION

MD NAME (PRINT): _____ Date: _____

Signature of Referring Physician: _____ Nurse/Contact: _____

Phone: (____) _____ Fax: (____) _____ Other: (____) _____

SERVICES REQUESTED:

NEUROSURGERY

- Luke A. Corsten, M.D.
(Adults - BR & Gonzales)
- Gregory L. Fautheree, M.D.
(Adults - BR)
- Allen S. Joseph, M.D.
(Adults & Children - BR & Hammond)
- Fraser E. Landreneau, M.D.
(Adults - BR & Eunice)
- Horace L. Mitchell, M.D.
(Adults - BR & Hammond)
- Eric K. Oberlander, M.D.
(Adults - BR, Hammond & Covington)
- Kelly J. Scrantz, M.D.
(Adults - BR & Gonzales)
- Scott W. Soleau, M.D.
(Adults & Children - BR & St. Francisville)
- Paul J. Waguespack, M.D.
(Adults - BR & Gonzales)
- First Available

PHYSICAL MEDICINE & REHABILITATION PAIN MEDICINE

- Frank J. Bender, III, M.D.
- Shawn G. Dunn, M.D.
- Martin A. Langston, M.D.
- John E. Nyboer, M.D.
- Scott D. Nyboer, M.D.
- Jyoti S. Pham, M.D.
- First Available

THERAPY SERVICES

- Physical Therapy
- Occupational Therapy

THERAPY LOCATIONS

- BR - Perkins Rowe
- BR - South Harrell's Ferry
- Gonzales

NEUROLOGY

- Joseph A. Acosta, M.D.
- Carolyn C. Baker, M.D.
- Gerald J. Calegan, II, M.D.
- Kevin J. Callerame, M.D.
- Charles E. Eberly, M.D.
- Dariusz W. Gawronski, M.D.
- Benjamin Glenn Kidder, Jr. M.D.
- Jon D. Olson, M.D.
- L. Allen Proctor, M.D.
- First Available

NEUROPSYCHOLOGY

- John F. Bolter, Ph.D., M.P.
- Paul M. Dammers, Ph.D., M.P.
- First Available

IMAGING SERVICES

(Please send previous records)

- MRI* MRA* CT*
- CTA* X-RAY*
- Fax Report
- Report and CD included

DIAGNOSTIC SERVICES

- EMG*
- Nerve Conduction*
- Corotid Ultrasound
- Transmittal Doppler
- EKG
- BAER
- VER
- SSEP/PT
- SSEP/MN
- VNG
- MSLT

*Please specify order below in comments

Neurosurgery Appointment Location

- Baton Rouge Eunice
- Gonzales Hammond
- St. Francisville Covington

Comments: _____

EMG/NCV: _____

MRI: _____

MRA: _____

CT: _____

CTA: _____

X-RAY: _____

FOR THE NEUROMEDICAL CENTER CLINIC TO COMPLETE:

Your patient is scheduled as follows:

DR. _____ DATE: _____ TIME: _____ A.M./P.M. LOCATION: _____