

**PHYSICIAN FAX REFERRAL REQUEST/ORDER**

10101 Park Rowe Avenue  
Baton Rouge, LA 70810  
Phone: 225.769.2200  
TheNeuroMedicalCenter.com

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, 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 \_\_\_\_\_ Member # \_\_\_\_\_ Group # \_\_\_\_\_  
 \*\*\*\*\*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 (\_\_\_\_) \_\_\_\_\_ Physician's Secure E-mail \_\_\_\_\_

**SERVICES REQUESTED**

**NEUROSURGERY - 3<sup>RD</sup> FLOOR**

- Charles R. Bowie, M.D. (Adults)
  - Baton Rouge
  - Eunice
- Luke A. Corsten, M.D. (Adults)
  - Baton Rouge
- Gregory Fautheree, M.D. (Adults)
  - Baton Rouge
  - Eunice
  - St. Francisville
- Allen S. Joseph, M.D. (Children)
  - Baton Rouge
- Horace L. Mitchell, M.D. (Adults)
  - Baton Rouge
- Eric K. Oberlander, M.D. (Adults)
  - Baton Rouge
  - Covington
  - Hammond
- Kelly J. Scrantz, M.D. (Adults)
  - Baton Rouge
- Scott W. Soleau, M.D. (Adults)
  - Baton Rouge

**NEUROSURGERY (continued)**

- Richard A. Stanger, M.D. (Adults)
  - Baton Rouge
  - Covington
- Walker
- Paul J. Waguespack, M.D (Adults)
  - Baton Rouge
- First Available

**NEUROLOGY - 4<sup>TH</sup> FLOOR**

- Gerald J. Cagan, II, M.D.
- Charles E. Eberly, M.D.
- April A. Erwin, M.D.
- Dariusz W. Gawronski, M.D.
- B. Glenn Kidder, Jr., M.D.
- Jon D. Olson, M.D.
- Mehdi Soltani, M.D.
- Rebecca E. Whiddon, M.D.
- First Available

**NEUROPSYCHOLOGY-4<sup>TH</sup> FLOOR**

- Jessica L. Brown, Ph.D., M.P.
- Darla M.R. Burnett, Ph.D., M.P.
- Brooke B. Cole, Ph.D., M.P.
- Paul M. Dammers, Ph.D., M.P.
- First Available

**PHYSICAL MEDICINE &**

**REHABILITATION/ PAIN MEDICINE - 3<sup>RD</sup> FLOOR**

- Martin A. Langston, M.D.
- John E. Nyboer, M.D.
- Scott D. Nyboer, M.D
- Samir K. Patel, M.D.
  - Baton Rouge
  - Gonzales
  - Walker
- Jyoti S. Pham, M.D.
- First Available

**OUTPATIENT THERAPY**

15420 S. Harrell's Ferry Rd.  
Baton Rouge, LA 70816  
Phone: (225) 751-9797  
Fax: (225) 751-1097

- Physical Therapy
- Occupational Therapy
- Hand Therapy
- Dry Needling
- Kinesio Taping

**IMAGING SERVICES-1<sup>ST</sup> FLOOR**

(Please send previous records.)  
 MRI\*  MRA\*  X-Ray\*

**DIAGNOSTIC SERVICES-4<sup>TH</sup> FLOOR**

- EEG
- EEG - 24 Hour Ambulatory
- Carotid Ultrasound
- Transcranial Doppler
- EMG\*
- Nerve Conduction\*
- BAER
- VER

- SSEP/PT
- SSEP/MN

\*Please provide specifics in  
Comments section

**DURABLE MEDICAL**

**EQUIPMENT**

- Back Brace
- TENS unit

Insurance Authorization # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Comments \_\_\_\_\_

MRI \_\_\_\_\_ MRA \_\_\_\_\_

X-Ray \_\_\_\_\_ EMG/NCV \_\_\_\_\_

**FOR THE NEUROMEDICAL CENTER CLINIC TO COMPLETE**

Your patient is scheduled as follows:

Doctor/Test \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_