

**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> & 4<sup>TH</sup> FLOORS**

- Charles R. Bowie, M.D.** (Adults)
  - Baton Rouge
  - Eunice
  - Hammond
- Luke A. Corsten, M.D.** (Adults)
  - Baton Rouge
- Gregory L. 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. Calegan, M.D.**
- April A. Erwin, M.D.**
- Dariusz W. Gawronski, M.D.**
- B. Glenn Kidder, M.D.**
- Jon D. Olson, M.D.**
- Kuldeep V. Patel, 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 (PM&R)/ PAIN MEDICINE- 3<sup>RD</sup> FLOOR**

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

**OUTPATIENT THERAPY CENTER**

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 \_\_\_\_\_