The NeuroMedical Center CLINIC

*Experts for the Brain, Spine, & Nervous System*

# PHYSICIAN FAX REFERRAL REQUEST/ORDER

PLEASE FAX THIS REFERRAL TO
APPOINTMENT SCHEDULING AT 833-756-2680

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

## PATIENT INFORMATION

(PLEASE PRINT)

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

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

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

Diagnosis:_____ Diagnosis Code: _____

Reason for Referral:_____

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

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

## REFERRING PHYSICIAN INFORMATION

MD Name:_____ Date:_____

Signature of Referring Physician:_____ Nurse/Contact_____

Phone: (__)_____ Fax: (___)_____ Physician's Secure Email: _____

## SERVICES REQUESTED

### NEUROSURGERY

Charles R. Bowie, M.D.
___Baton Rouge
___Eunice
___Hammond
Luke A. Corsten, M.D.
Gregory L. Fautheree, M.D.
___Baton Rouge
___Gonzales
___St. Francisville
Brandon Gaynor, M.D.
Horace L. Mitchell, M.D.
Eric K. Oberlander, M. D.
___Baton Rouge
___Covington
___Hammond
Kelly J. Scrantz, M.D.
Richard A. Stanger, M.D.
___Baton Rouge
___Walker
___Zachary
Paul J. Waguespack, M.D.

**First Available**

### NEUROLOGY

___Gerald J. Calegan, M.D.
___Dariusz 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

___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-

William J. Graugnard, M.D.
___Baton Rouge
___Zachary
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.
Jonathan D.Thompson, M.D.
___Hammond
___Slidell
Jake Trahan, III, M.D.
___Baton Rouge
___Crowley
___Brusly
Shaun M. Kuoni, M.D.
___Hammond
___Slidell
___Covington

**First Available**

### DIAGNOSTIC SERVICES-

___EEG
___EEG - 24 Hour Abulatory
___Carotid Ultrasound
___Transcranial Doppler
___EMG*
___Nerve Conduction*
___BAER
___VER
___SSEP/PT
___SSEP/MN
**Please provide specifics in comments section*

### 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
___McKenzie Spine Program
___Dry Needling
___Kinesio Taping
___TENS Unit

### IMAGING SERVICES

(Please send previous records)

___MRI*
___MRA*
___X-Ray*

### DURABLE MEDICAL EQUIPMENT

Custom & Pre-Fabricated:

___Back Brace
___Carpal Tunnel Splint
___Elbow/Cubital Tunnel Splint
___Finger Splint

Comments:_____

MRI:_____ MRA: _____

XRAY: _____ EMG/NCV: _____

***FOR THE NEUROMEDICAL CENTER CLINIC TO COMPLETE***

Your patient is scheduled as follows:

Doctor/Test: _____ Date: _____ Time: _____ Location: _____

Insurance Authorization #

Expiration Date: _____

Thank you for your referral. We will call your patient and schedule an appointment. Download additional Referral Forms or Refer a Patient ONLINE: www. TheNeuroMedicalCenter.com.
If you have any other questions, call Scheduling at 225.768.2050.