



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.
- ___ David Gloss, M.D.
- ___ Dariusz Gawronski, M.D.
- ___ B. Glenn Kidder, M.D.
- ___ Jon D. Olson, M.D.
- ___ Kuldeep V. Patel, 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 Ambulatory
- ___ 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: _____