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 | | | |
|---|---|---|---|
| **Patient's Name** | | | **DOB / /** |
| **Street Address** | | **City:** | **Zip:** |
| **Home Phone** | **( )** | **Cell: ( )** | **Email:** |
| **Diagnosis** | | | **Diagnosis Code:** |
| **Insurance Name** | | **Member #** | **Group #** |

| Referring Physician Information | | | |
|---|---|---|---|
| **MD Name** | | | **Nurse/ Contact:** |
| **Date** | | | |
| **Phone** | | **Fax:** | **Secure Email:** |

## NMCC Physicians by Speciality (* Satellite Locations Available)

### Neurosurgery

___First Available

___Charles R. Bowie, M.D. *
___Luke A. Corsten, M.D.
___Gregory L. Fautheree, M.D. *
___Brandon G. Gaynor, M.D. *
___Steve H. Monk, M.D.
___Eric K. Oberlander, M.D.*
___Kelly J. Scrantz, M.D.
___Richard A. Stanger, M.D.*
___Garrett T. Venable, M.D.
___Paul J. Waguespack, M.D

### Neurology

___First Available

___Gerald J. Calegan, II, M.D
___Dariusz Gawronski, M.D.
___B. Glenn Kidder, M.D.
___Jon D. Olson, M.D.
___Kuldeep V. Patel, M.D.
___Rebecca Whiddon, M.D.
___Josephe A. Honorat, M.D.*

### Neuropsychology (Please send records)

___First Available

___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, FACPN

### PM&R / Pain Medicine (Please send records)

___First Available

___William J. Graugnard, M.D*
___Shaun M. Kuoni, M.D.*
___John E. Nyboer, M.D.
___Scott D. Nyboer, M.D.
___Samir K. Patel, M.D.*
___Jyoti S. Pham, M.D.
___Jonathan D. Thompson, M.D.*
___Jake Trahan, III, M.D.*
___Christopher Belleau, M.D. *

## Diagnostic & Imaging Services Services Requested

___EEG
___EEG - 24 Hour Ambulatory
___Carotid Ultrasound
___Transcranial Doppler
___VER

___EMG/ Nerve Condition
___RUE ____BLE
___LUE ____LLE
___BUE
___RLE

MRI ___ w/o ___ w/ ___ w/wo : _____
___MRA or___ MRV : _____
X-Ray : _____

**Insurance Authorization #:**

## Outpatient Therapy Center

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

___Physical Therapy
___Occupational Therapy
___Hand Therapy
___McKenzie Spine Program
___Dry Needling
___Kinesio Taping
___TENS Unit

**Covington | Crowley | Eunice | Gonzales | Hammond | St.Francisville | Slidell | Walker | Zachary**

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