



THE CENTER FOR NEUROLOGY AND NEUROPHYSIOLOGY, P.A.

NEUROLOGY REFERRAL FORM

FAX TO: (214) 494-4423

REFERRING PHYSICIAN: _____

PATIENT'S NAME: _____

PATIENT'S DOB: _____

PATIENT'S PHONE: _____

DIAGNOSIS: _____

- EMG/NCVS only NCVS only
- EMG/NCVS & Neurology Consultation
- Routine EEG only 72 hour EEG only
- Neurology Consultation

EMG/NCVS

UPPER EXTREMITY

- Bilateral Right Left

LOWER EXTERMITY

- Bilateral Right Left

How quickly does this patient need to be seen?

- ASAP 2-3 weeks Patient's Convenience

Accepting All:
HMO BlueCross BlueShield
Affordable Care Plans

**Please fax this form along with a copy of the patient's demographics.
If available please include the most recent physician's note.**

SAME DAY NEUROLOGY CONSULTATION AVAILABLE MOST DAYS FOR:
Acute Headaches; Possible Epilepsy; Neuropathy