

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 F	Print)	
Patient's Name		D.0	O.B/
Street Address	C	Sity	StateZip
Home Phone ()	Cell Phone ()	Work Phone (_)
Diagnosis		Diagnosis Code	
Insurance Name	Member #	Group	o #
	*****Please attach a copy of the ir	nsurance card if possible.****	
	REFERRING PHYSICI	AN INFORMATION	
MD Name (print)		Date	
Signature of Referring Physician		Nurse/Contact	
Phone ()	FAX ()	Physician's Secure E-mail	
	SERVICES RE	EQUESTED	
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 Gonzales St. Francisville Allen S. Joseph, M.D. (Children) Baton Rouge Horace L. Mitchell, 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 Zachary Paul J. Waguespack, M.D. (Adults) Baton Rouge First Available NEUROLOGY 4 th FLOOR Gerald J. Calegan, M.D. April A. Erwin, M.D. Dariusz W. Gawronski, M.D. Jon D. Olson, M.D. Huldep V. Patel, M.D. Kuldeep V. Patel, M.D. First Available NEUROPSYCHOLOGY 4 th 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.	PHYSICAL MEDICINE & REHABILITATION (PM&R)/ PAIN MEDICINE- 3rd FLOOR 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. 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 Coccupational Therapy Hand Therapy Dry Needling Kinesio Taping	IMAGING SERVICES 1st FLOOR (Please send previous records) MRI* MRA* X-Ray*
Comments			
MRI	MF	RA	
X-Ray	EM	IG/NCV	
	FOR THE NEUROMEDICAL CEN Your patient is sched		
Doctor/Test	Date	Time Location	