



1401 Centerville Road
Suite 300
Tallahassee, FL 32308

New Patient Referral Form

INSTRUCTIONS

Please indicate which department and physician (if you have a preference) you are referring your patient to. **Note that our office requires medical records and any studies performed such as, MRI, EMG, X-Ray, etc. should be sent along with this referral.**

SELECT DEPARTMENT	SELECT PHYSICIAN	FAX REFERRAL TO
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<input type="checkbox"/> Neurology	<input type="checkbox"/> Dr. Martin <input type="checkbox"/> Dr. Ayala <input type="checkbox"/> Dr. Ortiz <input type="checkbox"/> Dr. Estupinan <input type="checkbox"/> Dr. Martinez	850-942-6515
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<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Dr. Albert Lee <input type="checkbox"/> Dr. Lawson <input type="checkbox"/> Dr. Beaty <input type="checkbox"/> Dr. Davis	850-656-3645
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<input type="checkbox"/> Stroke Neurology	<input type="checkbox"/> Dr. Fares	850-656-3645
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<input type="checkbox"/> Pain Management	<input type="checkbox"/> Dr. Fuhrmeister <input type="checkbox"/> Dr. Lynch	850-558-1298
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Appointment Requested: <input type="checkbox"/> New Patient Consultation <input type="checkbox"/> EMG Study	LT/ RT/ BIL Arm / Leg
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Is visit related to an auto accident?	___ NO ___ YES	
Is visit related to a worker's comp injury?	___ NO ___ YES	
Has patient had an MRI and/or X-rays?	___ NO ___ YES	If yes, please send report with referral

PATIENT INFORMATION

Patient Name	___ Male ___ Female
DOB	SSN
Parent/Guardian (if minor)	
Address	
Email address	
Phone (Home/Work/Cell) <i>circle one</i>	Alternate Phone (Home/Work/Cell) <i>circle one</i>
Primary Insurance Name	ID#
Secondary Insurance Name	ID#

REFERRING PHYSICIAN

Name of Referring Doctor:	
Phone	Fax
Primary Care Physician (<i>required</i>)	
Phone	Fax
Please indicate diagnosis/reason for visit:	

SIGNATURE OF REFERRING PHYSICIAN IS REQUIRED FOR AN APPOINTMENT TO BE MADE. PLEASE FAX ALL PERTINENT RECORDS WITH THIS REFERRAL. PLEASE NOTIFY THE PATIENT OF THIS APPOINTMENT.

Sign:

APPOINTMENT SCHEDULED

Appointment with Dr:		
Date	Time	am / pm

