PHYSICIAN REFERRAL FORM

Asheville Neurology Specialists, PA

31 Dogwood Road, Asheville, NC 28806

Phone: (828) 210-9300 Fax: (828) 210-9319 Email: info@ashneuro.com

Please select physician: [ ] First available appointment (with any one of the neurologists) **or**

[ ] James Patton, MD [ ] Matthew Engelbrecht, MD [ ] Robert Armstrong, MD

Please select service: [ ] Consult [ ] EMG/NCV [ ] EEG

Reason for Referral and Diagnosis: _____

Patient Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone # (s) _____

Please include the following with this form: ***(appointment may be delayed if not rec'd with this form)***

[ ] Copy of insurance card [ ] Prior authorization # *(if applicable)* _____

[ ] Medical Records *(include the office note referencing referral to a neurologist)*

[ ] Diagnostic test results *(include MRIs, lab work, etc. applicable to the referral)*

Referring Physician: _____ NPI #: _____

Name of Practice/Facility: _____ Group Practice NPI #:_____

Referring Physician Phone #: _____ Fax: _____

Referral Sent by *(contact name)*: _____ Ext: _____

Contact email: _____

(Internal use to fax back to referring physician)

Account #: _____ ***Appointment Date:*** _____ ***Time:*** _____ ***w/ Dr:*** _____