Iowa NEUROLOGY & SLEEP, PLC

QR Code iowaneurologyandsleep.com

REFERRAL FORM

Patient Name_____DOB_____

Address_____

Phone_____Insurance_____

Referring Provider_____Phone_____

☐Neurology Consult

Reason for Consult_____

_____

☐EMG/Nerve Conduction Extremities_____Weight_____

****PATIENT MUST BE ABLE TO GET ON AND OFF EXAM TABLE WITHOUT ASSISTANCE****

****OUR EQUIPMENT HAS A WEIGHT LIMIT OF 325 POUNDS****

Is this work comp? ☐YES ☐NO (If yes, then work comp information must be sent with form.)

Is this due to an auto accident? ☐YES ☐NO (If yes, then auto insurance information must be sent with form.)

Please include the following items: (**WE WILL NOT SCHEDULE UNTIL ALL INFORMATION IS RECEIVED.)**

- Patient demographics and insurance card
- Hospital/ER notes
- MRI/CT reports (send disc or push images to SEIRMC)
- Clinical notes
- Lab test results
- Medication list
- Previous neurology notes
- Prior EEG or EMG results

*****PLEASE COMPLETE FORM AND FAX ALL INFORMATION TO 844.676.1363*****

2751 Oakdale Blvd, Suite 2, Coralville, IA 52241 • Mercy Plaza Suite 153, 1225 S. Gear Ave, West Burlington, IA 52655
Phone 319.754.4400 Fax 844.676.1363 Website iowaneurologyandsleep.com