



Referral Form

Patient Information

Patient's Name: _____ DOB: _____

Patient's Phone Number(s): Home: _____ Cell: _____ Other: _____

Patient's Insurance: _____ Member ID: _____

Prior Authorization Number (if available): _____

Diagnosis/Reason for Referral: _____

Referring Physician Information

Referring Physician: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

Requested Services

(please check appropriate box)

We will contact the patient within 3 business days

Neurosurgery **Urgent** **Routine**

- Abhay Sanan, MD/Jan Haskell, NP
- Brian Callahan, MD
- Sergio Rivero, MD/Marisela Aquayo, PA-C
- First Available Provider

Pediatric Neurology **Urgent** **Routine**

- Dinesh Talwar, MD/Lisa Sande, NP
- Nadia Fike, MD, PhD
- David Dai, MD
- First Available Provider

Pediatric Fax Number: 520.326.1120

Radiation Oncology

- Tijana Skrepnik, MD/Ruth Ferreri, NP
- Matthew McFarlane, MD, PhD

Interventional Pain Management

- Richard Chase, MD/Rylan East, PA
- Pain Management Fax Number: 520.232.5453**

Electroneurodiagnostic Services

- EEG
- EMG/NCV

Adult Neurology **Urgent** **Routine**

- Francisco Valdiva, MD/Stephanie Niemi Olson, NP/
Linda Manalo, NP-C
- W. Horace Noland, MD/Amy Tees, NP
- Michael Badruddoja, MD
- Young Min Song, MD
- Louann Carnahan, DO
- Kathryn Bradley, MD
- Adam Reynolds, MD
- Yeeck Sim, MD
- First Available Provider

Neuro Oncology

- Michael Badruddoja, MD/Roxanna Behnejad, PA

Neurotology Abraham Jacob, MD

Neurotology Fax number: 520.529.5219

Vestibular Neurology Roksoyana Tourkevich, MD

Audiology

- Stephanie Bourn, AuD
- Mary Rose Goldstein, AuD
- Alissa Knickerbocker, AuD

To expedite the referral process, please fax completed form along with current office notes and patient x-rays, MRIs, labs, etc. to: 520.320.2155