



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

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| <p><input type="checkbox"/> Neurosurgery <input type="checkbox"/> Urgent <input type="checkbox"/> Routine</p> <p><input type="checkbox"/> Abhay Sanan, MD/Jan Haskell, NP</p> <p><input type="checkbox"/> Brian Callahan, MD</p> <p><input type="checkbox"/> Sergio Rivero, MD/Marisela Aquayo, PA-C</p> <p><input type="checkbox"/> First Available Provider</p> <p><input type="checkbox"/> Pediatric Neurology <input type="checkbox"/> Urgent <input type="checkbox"/> Routine</p> <p><input type="checkbox"/> Dinesh Talwar, MD/Lisa Sande, NP</p> <p><input type="checkbox"/> Nadia Fike, MD, PhD</p> <p><input type="checkbox"/> David Dai, MD</p> <p><input type="checkbox"/> First Available Provider</p> <p>Pediatric Fax Number: 520.326.1120</p> <p><input type="checkbox"/> Radiation Oncology</p> <p>Tijana Skrepnik, MD/Ruth Ferreri, NP</p> <p>Matthew McFarlane, MD, PhD</p> <p><input type="checkbox"/> Vestibular Neurology Roksolyana Tourkevich, MD</p> <p><input type="checkbox"/> Electroneurodiagnostic Services</p> <p><input type="checkbox"/> EEG</p> <p><input type="checkbox"/> EMG/NCV</p> | <p><input type="checkbox"/> Adult Neurology <input type="checkbox"/> Urgent <input type="checkbox"/> Routine</p> <p><input type="checkbox"/> Francisco Valdiva, MD/Stephanie Niemi Olson, NP/
Linda Manalo, NP-C</p> <p><input type="checkbox"/> W. Horace Noland, MD/Amy Tees, NP</p> <p><input type="checkbox"/> Michael Badruddoja, MD</p> <p><input type="checkbox"/> Young Min Song, MD</p> <p><input type="checkbox"/> Louann Carnahan, DO</p> <p><input type="checkbox"/> Adam Reynolds, MD/Nathalia Gaviria-Correa, NP/
Rylan East, PA</p> <p><input type="checkbox"/> Yeeck Sim, MD</p> <p><input type="checkbox"/> First Available Provider</p> <p><input type="checkbox"/> Neuro Oncology</p> <p>Michael Badruddoja, MD/Roxanna Behnejad, PA</p> <p><input type="checkbox"/> Neurotology Abraham Jacob, MD</p> <p>Neurotology Fax number: 520.529.5219</p> <p><input type="checkbox"/> Audiology</p> <p><input type="checkbox"/> Stephanie Bourn, AuD</p> <p><input type="checkbox"/> Mary Rose Goldstein, AuD</p> <p><input type="checkbox"/> Alissa Knickerbocker, AuD</p> |
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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