



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

- Thomas Norton, MD
- Kurt Schroeder, MD
- Abhay Sanan, MD/Jan Haskell, NP
- Brian Callahan, MD
- Sergio Rivero, MD
- First Available Provider

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

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

- Dinesh Talwar, MD
- John Gray, MD
- Nadia Fike, MD, PhD
- First Available Provider

Neuro Oncology Michael Badruddoja, MD

Neurotology Abraham Jacob, MD
Arlette Stevens Castano, NP

Radiation Oncology

- Lisa Hazard, MD/Ruth Ferreri, NP
- Tijana Skrepnik, MD

Audiology

- Stephanie Bourn, AuD
- Mary Rose Goldstein, AuD

Interventional Pain Management

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

Neuropsychology

Electroneurodiagnostic Services

- EEG
- EMG/NCV

- Shannah Biggan, PhD
- Vanessa Staples, PhD
- Richard Jennen, PsyD (Pediatrics)
- First Available Provider

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