



FAX Referral Form

FAX TO: 704-731-0926

Please Fill Out Completely Before Faxing

If you have any questions please call 704-372-3714 ext.129

Preferred Physician: [] Dr. T. Hemanth Rao [] Dr. Paul MacDonald [] Dr. Ryan Conrad
[] No Preference [] Physical Therapy

Please Select Location Preferred: [] First Available Location

[] Main Office [] Charlotte Office [] Monroe Office [] South Charlotte [] North Charlotte
2219 E 7th Street 2607 E 7th Street Ste200 1315 E. Sunset Dr. Ste201 7000 Shannon Willow Dr 10616 Metromont Pkwy, Ste104
Charlotte, NC 28204 Charlotte, NC 28204 Monroe, NC 28112 Charlotte, NC 28226 Charlotte, NC 28269

Is this appointment a STAT appointment [] Yes [] No

Patient's Name: _____ Email Address: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____

Patient Phone: _____ 2nd Contact Phone: _____

Patient DOB: _____ Patient SSN: _____

Diagnosis: _____

Reason for Visit: [] Neuro Evaluation [] EMG/ Nerve Conduction [] EEG/Ambulatory (48hour) [] EEG [] Physical Therapy

Referring Physician: _____

Is this the PCP for the Patient? [] Yes [] No If No, Please List PCP _____

Referral Coordinator or Contact at Physician Office: _____

Referring Contact Phone: _____ FAX _____

Referring Contact Email Address: _____

*The Neurological Institute will contact you via fax with confirmation of appointment time and date. Patient will receive new patient packet in mail.

*Please contact the patient with appointment time & date.

Insurance Info: (if there are more than 1 insurance company please fax ALL cards and make note to primary and secondary)

Primary Insurance: _____ Secondary Insurance: _____

Toll Free Primary #: _____ Toll Free Secondary #: _____

Name of Insured: Primary _____ Secondary _____

Primary Subscriber/Policy #: _____ Group# _____

Secondary Subscriber/Policy #: _____ Group# _____

If Carolina Access Medicaid, Please list Carolina Access Medicaid # _____

*Clinical Notes and/or Labs & Diagnostic Studies are required to process new patient appointments. Please Fax those documents as well as other information with this FAX Form or prior to appointment date.