Center for NEUROSCIENCES

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
- ☐ Arunit "Jessey" Chugh, MD
- ☐ Ryan Austerman, MD
- ☐ Thomas Smith, FNP-BC
- ☐ First Available Provider

☐ **Pediatric Neurology** ☐ **Urgent** ☐ **Routine**
- ☐ Nadia Fike, MD, PhD
- ☐ David Dai, MD
- ☐ Young AH Lee, MD, PhD
- ☐ Mekka Garcia, MD
- ☐ First Available Provider

Pediatric Fax Number: 520.326.1120

☐ **Radiation Oncology**
- ☐ Tijana Skrepnik, MD / Ruth Ferreri, NP
- ☐ Matthew McFarlane,MD, PhD

☐ **Vestibular Neurology**
- ☐ Roksolyana Tourkevich, MD

☐ **Interventional Pain Medicine**
- ☐ William Ross, MD/ Jessica Ward, NP
- ☐ Adam Reynolds, MD

☐ **Electroneurodiagnostic Services**
- ☐ EEG ☐ EMG/NCV

☐ **Adult Neurology** ☐ **Urgent** ☐ **Routine**
- ☐ Francisco Valdiva, MD / Stephanie Niemi Olson, NP / Linda Manalo, NP-C
- ☐ W. Horace Noland, MD
- ☐ Michael Badruddoja, MD
- ☐ Young Min Song, MD
- ☐ Adam Reynolds, MD / Logan Nocerino, PA-C / Meg Chapman, FNP-C
- ☐ Yeeck Sim, MD / Anne Mittal, PA
- ☐ Reza Danesh, MD
- ☐ Dusit Adstamongkonkul, MD
- ☐ Celeste Camargo, MD
- ☐ Chris Lee, DO
- ☐ First Available Provider

☐ **Neuro-Oncology**
Michael Badruddoja, MD

☐ **Neurotology**
Abraham Jacob, MD

Neurotology Fax number: 520.529.5219

☐ **Audiology**
- ☐ Mary Rose Goldstein, AuD
- ☐ Alissa Knickerbocker, AuD
- ☐ Margaret Fries, AuD

☐ **Urology**
- ☐ Karen Wheeler, MD
- ☐ Mitzi Barmatz, MD
- ☐ Monica Mettille, PA

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

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