Maruthi
NEUROSCIENCE & WELLNESS CENTER

5500 Ming Ave, Suite 485, Bakersfield, CA 93309 | P: (877) 383-0778 | F: (877) 383-0899 | maruthineuro.com

NEUROLOGY REFERRAL

PATIENT INFORMATION

Patient Name: _____ **DOB:** _____

Phone: _____ **Email:** _____

Insurance: _____ **Member ID:** _____

REASON FOR REFERRAL

- ☐ General Neurology
- ☐ Headache / Migraine
- ☐ Seizure / Epilepsy
- ☐ Neuropathy / Numbness
- ☐ Memory / Cognitive
- ☐ Movement Disorders
- ☐ Multiple Sclerosis
- ☐ Dizziness / Vertigo
- ☐ Stroke / TIA Follow-up
- ☐ EMG / NCS
- ☐ EEG
- ☐ Botox

Other / Clinical Question: _____

REFERRING PROVIDER

Provider: _____ **Practice:** _____

Phone: _____ **Fax:** _____ **NPI:** _____

PLEASE SEND RELEVANT RECORDS

- ☐ Recent office notes
- ☐ Medication list
- ☐ Imaging reports / discs
- ☐ Lab results
- ☐ Prior neurology records

PRIORITY

☐ Routine ☐ Urgent

For emergencies or acute stroke symptoms, direct the patient to the Emergency Department.

FAX COMPLETED REFERRAL TO (877) 383-0899

Questions / Scheduling: (877) 383-0778 | maruthineuro.com