NORTHWEST NEUROSCIENCES

Tel. 509.834.7050 | Fax 509.834.7051
1110 North 35th Ave. | Yakima, WA 98902

Physician Referral Form
Complete and fax to: (509)834-7051

Patient Information: **Date:** _____

_____ MALE FEMALE
Patient Name

_____ _____
Date of Birth Address

_____ _____
Home Phone Cell Phone

Insurance Information:

_____ _____
Insurance Carrier Pre Authorization (If needed)

Physician Information:

_____ _____ _____
Referring Physician Office # Fax #

_____
Contact Person

Referring to:

Peter Gilmore, M.D.
Neurology

- ☐ Headache
- ☐ Dementia
- ☐ Movement D/O/ Parkinsons
- ☐ Stroke/ TIA
- ☐ Peripheral Neuropathy
- ☐ EMG/ NCS

Eddie Meirelles, M.D., Ph.D., FAANS, FRCSC
Neurosurgery

- ☐ Low Back Pain
- ☐ Neck Pain
- ☐ Degenerative Spine Disorders
- ☐ Cerebral Concussion
- ☐ Brain Tumors
- ☐ Pain Management

Other reason for referral:

_____

_____

How would you like to be contacted in regards to referral communication:
☐ Clinic call ☐ Fax ☐ Both

Please include with referral: patient demographics, chart notes, lab reports, and imaging studies.