

# TEXAS NEUROLOGY

## REFERRAL FORM

### PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First MI Last

Primary Phone: \_\_\_\_\_

### REFERRAL INFORMATION

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose of Referral: \_\_\_\_\_ Date: \_\_\_\_\_

#### DALLAS

6080 N Central Expy, Ste 100, Dallas, Texas 75206

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Waleed H. El-Feky, MD      | <input type="checkbox"/> C. Fish Greenfield, MD | <input type="checkbox"/> Daragh Heitzman, MD |
| <input type="checkbox"/> Steven P. Herzog, MD       | <input type="checkbox"/> N. Bruce Jenevein, MD  | <input type="checkbox"/> Alan W. Martin, MD  |
| <input type="checkbox"/> Arun K. Nagaraj, MD        | <input type="checkbox"/> Maria Philip, MD       | <input type="checkbox"/> Gincy Samuel, MD    |
| <input type="checkbox"/> Next Available Appointment |   |  |

#### RICHARDSON

2821 East George Bush Highway, Suite 303, Richardson, Texas 75082  
Telephone: 214-540-1400

- Frederic N. Nguyen, M.D.

#### AVAILABLE SERVICES AND/OR TESTING OFFERED \*

##### EEG (Dallas)

- Routine  Ambulatory 24/48/72  Video Ambulatory 24/48/72

##### Sleep Test (Dallas)

- Home Sleep Study  Polysomnogram (In-Lab Sleep Study)  Positive Airway Pressure Titration

- Split Night Study  Multiple Sleep Latency Test

##### Diagnostic Imaging Center (MRI only 1.5/3T) (Dallas)

- \*See separate order form

\_\_\_\_\_  
Physician Signature

*\*Order accepted directly from outside physician*

***Please fax your request to 214-279-0340***

*Don't forget to include demographics, insurance card(s), clinical notes, and any pertinent testing*