

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

6301 Gaston Avenue, Suite 100, West Tower, Dallas, Texas 75214

- | | | |
|--|---|---|
| <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"/> Chaouki K. Khoury, 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"/> Gary L. Tunell, 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 (Highland Park)

- 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