

Nashville Neuroscience Group
300 20th Ave. N., Suite 106
Nashville, TN 37203
Phone: 615.284.4680 Fax: 615.284.4681
www.nashvilleneurosciencegroup.com

New Patient Referral

Patient name: _____

Appointment date and time: _____

Referring physician's name: _____ NPI number: _____

Physicians fax number: _____ Phone number: _____

Thank you for referring your patient to our office. In order to optimize your patient's experience the following checklist is provided:

_____ Please Fax patient demographic and insurance information to (615) 284-4681.

_____ Additionally, please Fax **All** physician notes, laboratory reports, MRI, MRA, EEG, EMG or sleep study reports that are relevant to the reason for the patient's referral to our office within 48 hours of the referral.

_____ Please make sure that all insurance authorization for referrals are processed and forwarded to our office.

_____ Please ask the patient to contact our office as soon as possible for appointment confirmation.

_____ Please provide the second page of this form to the patient for their information.

Please call our office with any questions you may have. (615) 284-4680

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