REFERRAL FORM

Ijaz Rashid, MD

Neurologist & Clinical Neurophysiologist

Diplomat of American Board of Neurology

Kathleen Brady, FNP, Lizandra Gutierrez, FNP, Elizabeth Eitchen, FNP, Kevin A. Wall, FNP

181 Intrepid Lane Syracuse, NY 13205

P# 315-498-5430 F# 315-299-5138

PATIENT INFORMATION

Patient's Name: _____ DOB: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email(if applicable): _____ Language: _____

INSURANCE INFORMATION

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

If Patient has United Health Care and policy requires a referral/authorization, please us a fax copy from the UHC Provider Portal with details **Group NPI: 1184050973 Tax ID: 463633464 *VISITS MORE THAN 20 PLEASE***

Please note we do not accept Worker's Compensation or No Fault

REFERRING PHYSICIAN INFORMATION

Referring Physician: _____ Specialty: _____

Referring Physician Phone: _____ Fax: _____

Fax number to send records to: _____

PCP Name: _____ Phone: _____ Fax: _____

Reason For Referral: _____

_____

Please include the following records with your referral to help us deliver the highest quality care:

- Office notes regarding the reasoning for referral
- Imaging Reports (if applicable for Dx): MRI, CT, (ECHO), etc.
- Testing Results: (if applicable for Dx): Cognitive exams/MoCa, MMSE, Labs, EMG, Carotid Dopplers, etc.
- Hospital & Specialty Records (if applicable for Dx): ED/ER visit notes, Provider consultation notes, prior Neurology records

Having these records beforehand directly assists our providers with their clinical evaluations and ensures thorough patient care

On behalf of the providers and staff at our office, we want to thank you for your continued referrals and business. We appreciate your partnership as we work together to care for our shared patients.