

Medical Services of Syracuse

Neurology

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NEW PATIENT REFERRAL FORM

Must include recent office note along with any MRI's, CT's, LABS etc. Also please include a face sheet with the patient's demographics, and any other records pertaining to the reason the patient is being referred.

PATIENT INFORMATION:

→ PATIENT'S NAME: _____ DOB: _____

→ ADDRESS: _____

→ HOME PHONE: _____ CELL PHONE: _____

→ IS A INTERPRETER NEEDED? _____ IF SO WHAT LANGUAGE? _____

PATIENT'S INSURANCE INFORMATION:

→ PRIMARY INSURANCE COMPANY: _____

→ POLICY NUMBER: _____ GROUP NUMBER: _____

→ SECONDARY INSURANCE: _____

→ POLICY NUMBER: _____ GROUP NUMBER: _____

→ **PLEASE NOTE ANY WORKERS COMPENSATION REFERRAL WILL NOT BE SCHEDULED UNLESS A C4 AUTHORIZATION IS ATTACHED GRANTING A NEUROLOGY CONSULT. THIS IS OUR POLICY!**

REFERRING PHYSICIAN INFORMATION:

→ REFERRING PHYSICIAN _____

→ SPECIALITY _____

→ PHONE: _____ FAX: _____

→ PATIENT'S PCP: _____

→ FAX NUMBER TO SEND MEDICAL RECORDS TO: _____

→ REASON FOR REFERRAL:(PLEASE BE SPECIFIC): _____

ON BEHALF OF OUR STAFF AT MEDICAL SERVICES OF SYRACUSE, WE WOULD LIKE TO THANK YOU FOR YOUR REFERRALS(S).