

Referrals for: PARS Neurosurgical Associates, PARS Pain Clinic, and PARS Neurology Clinic

NEW PATIENT REFERRAL
PARS BRAIN AND SPINE INSTITUTE
FAX – (304) 865-3700
www.parsbsi.com

Date _____

1. **REQUESTING:**

NEUROSURGERY KHOSROVI GHODSI GOLD ASAP N/A

PAIN CLINIC PANTELIDIS D'ERAMO ASAP N/A

NEUROLOGY BAUERLE ASAP

2. Has patient ever been seen by another pain physician or neurologist? YES or NO
If yes, name of the physician _____, and could you please send the records.

3. REFERRING PHYSICIAN _____ PHONE _____

CONTACT PERSON _____ FAX _____

PHYSICIAN ADDRESS _____

NPI# _____

4. New Patient Referral to Evaluate and Treat EMG/NCS Other

REQUESTING APPOINTMENT FOR: (circle all that apply) Cervical / Lumbar / Thoracic / Brain / Carpel Tunnel / other: _____

EMG/NCV CONSULT (UE or LE) Bilateral unless specified SSEP (Median or Tibial)

5. SYMPTOMS _____

WHAT STUDIES HAVE BEEN DONE _____

6. PATIENT NAME _____ BIRTH DATE _____

ADDRESS _____ PHONE _____

WORK _____

SSN# _____ CELL _____

7. **INSURANCE:**

*(Required Information: ***attach a copy of current insurance card)*

INSURANCE COMPANY _____ APPROVAL _____

CARDHOLDER NAME _____ POLICY # _____

8. **AUTO ACCIDENT?** YES NO **WORKERS COMP?** YES NO

DOI _____ CLAIM # _____

APPROVED DX _____ CLAIM MANAGER _____