

PATIENT INFORMATION

(Please Print)

Patient's Name _____ D.O.B. ____/____/____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____
 Diagnosis _____ Diagnosis Code _____
 Insurance Name _____ Member # _____ Group # _____
 *****Please attach a copy of the insurance card if possible.*****

REFERRING PHYSICIAN INFORMATION

MD Name (print) _____ Date _____
 Signature of Referring Physician _____ Nurse/Contact _____
 Phone (____) _____ FAX (____) _____ Physician's Secure E-mail _____

SERVICES REQUESTED

NEUROSURGERY
3RD & 4TH FLOORS

- Charles R. Bowie, M.D. (Adults)
 - Baton Rouge
 - Eunice
 - Hammond
- Luke A. Corsten, M.D. (Adults)
 - Baton Rouge
- Gregory L. Fautheree, M.D. (Adults)
 - Baton Rouge
 - Gonzales
 - St. Francisville
- Allen S. Joseph, M.D. (Children)
 - Baton Rouge
- Horace L. Mitchell, M.D. (Adults)
 - Baton Rouge
- Eric K. Oberlander, M.D. (Adults)
 - Baton Rouge
 - Covington
 - Hammond
- Kelly J. Scrantz, M.D. (Adults)
 - Baton Rouge
- Scott W. Soleau, M.D. (Adults)
 - Baton Rouge
- Richard A. Stanger, M.D. (Adults)
 - Baton Rouge
 - Walker
 - Zachary
- Paul J. Waguespack, M.D. (Adults)
 - Baton Rouge
- First Available

NEUROLOGY
4TH FLOOR

- Gerald J. Caegan, M.D.
- April A. Erwin, M.D.
- Dariusz W. Gawronski, M.D.
- B. Glenn Kidder, M.D.
- Jon D. Olson, M.D.
- Kuldeep V. Patel, M.D.
- Rebecca E. Whiddon, M.D.
- First Available

PHYSICAL MEDICINE & REHABILITATION (PM&R)/ PAIN MEDICINE- 3RD FLOOR

- William J. Graunard, M.D.
 - Baton Rouge
 - Zachary
- Martin A. Langston, M.D.
- John E. Nyboer, M.D.
- Scott D. Nyboer, M.D.
- Samir K. Patel, M.D.
 - Baton Rouge
 - Gonzales
 - Walker
- Jyoti S. Pham, M.D.
- Jake Trahan, III., M.D.
 - Baton Rouge
 - Brusly
 - Crowley
- First Available

NEUROPSYCHOLOGY
4TH FLOOR

- Jessica L. Brown, Ph.D., M.P.
- Darla M.R. Burnett, Ph.D., M.P.
- Brooke B. Cole, Ph.D., M.P.
- Paul M. Dammers, Ph.D., M.P.
- First Available

DIAGNOSTIC SERVICES

- 4TH FLOOR**
- EEG
 - EEG – 24 Hour Ambulatory
 - Carotid Ultrasound
 - Transcranial Doppler
 - EMG*
 - Nerve Conduction*
 - BAER
 - VER
 - SSEP/PT
 - SSEP/MN

**Please provide specifics in Comments section*

IV HYDRATION & VITAMIN INFUSION THERAPY
4TH FLOOR

IMAGING SERVICES 1ST FLOOR

(Please send previous records)

- MRI*
- MRA*
- X-Ray*

OUTPATIENT THERAPY CENTER

15420 S. Harrell's Ferry Rd.
Baton Rouge, LA 70816
Phone: (225) 751-9797
Fax: (225) 751-1097

- Physical Therapy
- Occupational Therapy
- Hand Therapy
- McKenzie Spine Program
- Dry Needling
- Kinesio Taping
- TENS unit

DURABLE MEDICAL EQUIPMENT

Custom & Pre-Fabricated:

- Back Brace
- Carpal Tunnel Splint
- Elbow/Cubital Tunnel Splint
- Finger Splint

Insurance Authorization # _____

Expiration Date: _____

Comments _____

MRI _____ MRA _____

X-Ray _____ EMG/NCV _____

FOR THE NEUROMEDICAL CENTER CLINIC TO COMPLETE

Your patient is scheduled as follows:

Doctor/Test _____ Date _____ Time _____ Location _____