Neurologic Associates

1359 N Mount Auburn Road
Cape Girardeau, MO 63701
P: 573-651-3188 | F: 573-651-304

New Patient Referral Form

Please send the following information and our staff will call the patient with an appointment time:

1. This referral form completed in full
2. A copy of the patient's insurance cards (front and back)
3. Pre-certification when required by insurance
4. A copy of all diagnostic tests
5. Office notes related to the patient's reason for referral

Date: _____ Email: _____

Patient Name: _____

DOB: _____ SSN: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Insurance: _____ ID#: _____

Physician Preference: □ Dr. Robert Gardner, Jr. □ Dr. David Lee

Appointment Type: □ Consult □ EMG/NCS (With Order)

Reason for Referral: _____

Referring Physician: _____ NPI: _____

Address: _____

Phone #: _____ Fax #: _____

****Please note, we do not see auto accident or work comp****

Office Use Only:

Appt Scheduled With: _____

Appt Date: _____ Time: _____ am/pm