

# The Metropolitan Neurosurgery Group

7830 Old Georgetown Rd, Suite C15, Bethesda, Maryland, 20814

Tel 301 654 9390 Facsimile 301 654 9394

Professional Office Building at Doctors Community Hospital

8116 Good Luck Road, Suite 205, Lanham, MD 20706

Tel 301 552 5500 Facsimile 301 552 6866

Date: \_\_\_\_\_

Referring physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referred to: Fraser C. Henderson Sr, MD  Ronald Bortnick, MD  Nilesh Vyas, MD

If selected physician is not available, please refer to: \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: F / M

Parent's Name (if patient is a minor) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Authorization:  Not Required  Requested/Pending  Requested/Obtained Auth # \_\_\_\_\_

Primary Medical Insurance: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

Secondary Medical Insurance: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_

Worker's Comp Insurance (if any): \_\_\_\_\_ Employer: \_\_\_\_\_

Adjustor \_\_\_\_\_ Claim # \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Comp Address \_\_\_\_\_ Comp Telephone \_\_\_\_\_

## **For Urgent Referrals, the referring clinician should call the specialist.**

**Reason for Referral: Symptoms of Concern**

Please ask patient to provide related records.

**Send Copies of office notes, lab tests and imaging results**

**List Medications or ask patient to bring complete medication list**

Appointment is scheduled with: \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ arrival time

Prior to appointment please obtain the following information, tests, etc: \_\_\_\_\_ Date faxed to referring clinician: \_\_\_\_\_

Please have patient call to schedule