

## 2430 W Horizon Ridge Pkwy Henderson, NV 89052

2501 W. Charleston Blvd Las Vegas, NV 89102 1151 S Highway 160 Pahrump, NV 89048 Ph. (702) 247-9994 Fax (702) 651-9995

## **Patient Referral Form**

We request that our patient be treated by the following physician in your office:

Santos H. Yu, MD	Linda Brown, MD	Lisa Cohen, MD	John K. Lovell, MD
	☐ First Availab	le Appointment	
	PATIENT INFO	RMATION	
Name:	DOB:		Social Security:
Home Phone:	Cell Phone:		Work Phone:
Address:	City:	State:	Zip Code:
Primary Insurance:	Policy #:		Group #:
Referring MD:	Phone:		Fax:
	REASON FOR C	ONSULTATION	
Abnormal MRI/CT	Dizziness		Back Pain
Headaches/Migraines	Seizures	3	Spasticity
Muscle Weakness	Numbness		EMG
Multiple Sclerosis	Hospital F/U		EEG/Digitrace
Neck Pain	Memory Loss		Occipital Nerve Block
Sleep Study /Cpap	Botox		
Other:			

<sup>\*</sup>Please attach legible copies of the patient's insurance cards along with any relevant clinicals including radiology reports, lab results, clinical notes, etc.