



St. Mary's Neurology
 Outpatient Center, Suite 20
 2900 First Ave
 Huntington, WV 25702
 Phone (304) 525-2495 Fax: (304) 525-07654

REFERRAL FORM

All information is required to making the appointment.

PATIENT INFORMATION

Name: _____ DOB: _____

Address: _____

City State Zip

Home Phone: (____) _____ Work: (____) _____ Cell (____) _____

Male Female Social Security #: _____ - _____ - _____

PATIENT INSURANCE

Primary: _____ ID#: _____ Grp#: _____

Secondary: _____ ID#: _____ Grp#: _____

REFERRING PHYSICIAN

Name: _____ NPI# _____

Address: _____

City State Zip

Office Phone: (____) _____ Fax: (____) _____

Contact Person: _____ Phone: (____) _____

Reason for Referral: _____

Has patient seen another neurologist? _____

PREVIOUS TESTING: (Please list when and where study performed)

CT _____

MRI _____

EEG _____

Nerve Conduction/EMG _____

Other _____

Thank you for your referral. Please fax this form and all pertinent records, including test results. We will then forward to you an appointment for your patient. Please ask patient to bring the CT and/or MRI images to the appointment.

Appointment Scheduled with Dr. Carl McComas on Date: _____/_____/_____
Time: _____:_____ AM/PM

UPIN # _____ NPI# _____