

CAROLINA NEUROLOGY CENTER, PLLC
Aneeta Gupta, MD

(P) 828.684.1119 (F) 828-684.1184

Referral Form

Date: _____

Referring MD: _____ **NPI#** _____

Phone: _____ **Fax:** _____

Reason for referral: _____ **STAT?** _____

PLEASE CHECK ALL THAT APPLY

CONSULT _____ **CONSULT & EMG** _____

SLEEP STUDY _____ **EMG** _____ **EEG** _____ **VEEG/AEEG** _____

BOTOX _____

Patients Name: _____

Patients Address: _____

Phone Number(s): (H) _____ **(C)** _____

DOB: _____ **SSN:** _____

PCP: _____ **Preferred Pharmacy:** _____

Please provide the following information below:

Most recent office notes. Medication List, Radiology Report on DISC, Insurance Cards

- *We will contact your patient to schedule an appointment; we should be able to get your patient scheduled within the next two weeks.*

Thank you for your referral! ☺

Appointment scheduled for: _____