



LAS VEGAS NEUROLOGY CENTER

Multi-Specialty Board
Certified Neurologists

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Residency Program Director

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Dr. Jay P. Mahajan, D.O.

Dr. Simon Farrow, M.D.

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Dr. Malihe Rivaz, M.D.

Dr. Aroucha Vickers, D.O.
Neuro-Ophthalmologist

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Neuropsychologist

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Nurse Practitioner

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NV 89106

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REFERRAL FORM

Date: _____

Referral Source: _____

Referral Contact #: _____ Fax #: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Address: _____

Home #: _____ Cell #: _____

Insurance: _____

REASON FOR REFERRAL

Diagnosis: _____

REFERRAL TYPE

- ☐ Neurology Consultation
- ☐ NCV/EMG ☐ Bilateral Upper ☐ Bilateral Lower
- ☐ Electroencephalogram (EEG) ☐ 24 hours ☐ 48 hours ☐ 72 hours
- ☐ Ambulatory Electroencephalogram (AEEG)
- ☐ Brain Auditory Evoked Response (BAER)
- ☐ Visual Evoked Response (VEP)
- ☐ Botox Therapy
- ☐ DBS Interrogation
- ☐ VNS Interrogation
- ☐ VNG Vertigo Assessment (VNG)
- ☐ Transcranial Doppler (TCD)
- ☐ Neuro-Ophthalmology Consultation
- ☐ Neuropsychology Consultation

PLEASE FAX TO 702.800.5456