NeuroCare Center
GOSHEN PHYSICIANS

New Patient Referral Form

NeuroCare Center 2832 Elkhart Rd, Goshen IN, 46526

Service Request: ☐ **Consult** ☐ **EMG/NCV** ☐ **EEG**

To ensure prompt scheduling, please include the following items with the referral form and fax to (574) 534-0435.

- ✓ Copy of patient's insurance card and demographic Information.
- ✓ Office notes or records supporting the need for the requested service.
- ✓ Diagnostic imaging reports, if applicable.
- ✓ Lab reports, if applicable.
- ✓ Previous neurologist notes, if available.

URGENT REQUESTS, please call the office at (574) 537-0219 to speak with a provider.

Patient Name: _____Date of Birth: _____

Phone: _____

Primary Language: _____ Interpreter Need? Yes: _____ No: _____

Reason for Referral _____

Referring Provider: _____

Office Contact: _____

Office Phone: _____ Office Fax: _____

Thank you for the referral. We are committed to providing compassionate, comprehensive, quality care to all patients we serve.

RETURN FAX TO: (574) 534-0435 OFFICE PHONE: (574) 537-0219