

Neurology Institute of Huntsville Inc FAX Referral Form

Please Fax to: 256.489.0977



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Board Certified Neurologist

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Referral Form

Select Provider: Dr. Jitesh Kar Dr. Jeffrey Nguyen Laura Cambron, NP 1st Available

Referral for new patient:

Diagnosis or suspected diagnosis: _____

ICD 10 code: _____

Symptoms and signs: _____

Urgency: Routine _____ ASAP (**Need a call from physician**) _____

Referral for procedure only (Please circle):

EMG/NCS (Electromyography, Nerve Conduction Study)

Patient information:

Name: _____

Address: _____

Gender: _____ Age: _____ DOB: _____ SS#: _____

Phone (Cell phone): _____ Alternate Phone: _____

Primary Insurance: _____ Contract #: _____ Group: _____

Secondary Insurance: _____

Authorization# if applicable: _____

Referring Physician's Information:

Physician's Name: _____ NPI: _____

Practice/Office Name: _____

Phone: _____ Fax: _____

Thank you for your referral! We look forward to serving all of your patient's neurological needs. We will contact your patient as early as possible. Please ensure that required records are available to expedite the scheduling process. If you do not hear from our office, please feel free to contact us at the number provided above.

Download this form from our website: www.NeurologyInstituteofHuntsville.com

For Office Use Only:

- This Patient is scheduled on _____ at _____.
- We have called patient and left voicemail multiple times but have not received reply/response.
- Patient has refused to be scheduled.