



Rebound Neuro Specialist Referral Request

Please Call For Appointment or Fax This Form

Patient Information:

Name: _____ DOB _____
Phone: _____
Insurance Carrier: _____

Appointment Type:

- Emergent - within 48 hours
Urgent - within one to two weeks
Next Available

Physician Requested:

Neurosurgery

- Hoang Le, M.D.
Ashok Modha, M.D.
Roham Moftakhar, M.D.
Wael Y. Musleh, M.D., Ph.D.
Norman Rokosz, M.D.
George Shanno, M.D.

Physiatry

- Jerod Cottrill, D.O.
Matthew Gambee, M.D.

Please schedule first available appointment with any of the physicians listed above.

Imaging Available? Yes No Type and location done: _____

Office Notes/Imaging Reports Faxed? Yes No

Reason for Referral: [Text Box]

Referring Physician & Contact Number: _____

Referral Coordinator & Contact Number: _____

You will receive a faxed copy of the consult within 48 hours of the appointment.
In addition, please indicate if you would like a phone call from the physician consulting on your patient.

Contact Information:

Rebound Neurosurgery Call Center:
(360) 256-8584

Fax records to: (360) 823-5748

For Emergent Referrals

Please call our Physicians' Line:
(360) 823-5745 or (360) 823-5730

Office Hours: 8:30 a.m. to 5:00 p.m.