



Rebound Neuro Specialist Referral Request
Please Call For Appointment or Fax This Form

Patient Information:

Name: Phone: Insurance Carrier:
DOB

Appointment Type:

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

Physician Requested:

Table with 2 columns: Neurosurgery and Physiatry. Lists names of physicians with checkboxes for selection.

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:

Referring Physician & Contact Number:

Referral Coordinator & Contact Number:

You will receive a mailed copy of the consult following 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.