



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

Physiatry

- | | |
|--|---|
| <input type="checkbox"/> Hoang Le, M.D. | <input type="checkbox"/> Jerod Cottrill, D.O. |
| <input type="checkbox"/> Ashok Modha, M.D. | <input type="checkbox"/> Matthew Gambee, M.D. |
| <input type="checkbox"/> Wael Y. Musleh, M.D., Ph.D. | |
| <input type="checkbox"/> Norman Rokosz, M.D. | |
| <input type="checkbox"/> George Shanno, 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:

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:

For Emergent Referrals

Rebound Neurosurgery Call Center:
 (360) 256-8584

Please call our Physicians' Line:
 (360) 823-7545 or (360) 823-5730

Fax records to: (360) 823-5748

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