

NEUROSURGICAL ASSOCIATES NEW PATIENT REFERRAL

Dr. Richard A. Berkman and Amanda Wright, PA-C

Thank you for your referral to our office. Please complete the requested information on this form and fax to the number listed below along with current office notes, imaging reports (i.e. MRI, CT, X-Rays & EMG), insurance information and any additional information needed in regards to the appointment. To receive efficient and prompt treatment, it is imperative that each patient bring their recent imaging films and/or discs to their scheduled appointment.

Please indicate the Provider and Location:

<p align="center"><u>Richard Berkman, MD</u> Fax# 615-320-3188</p> <p>____ Centennial Physician's Park 2400 Patterson Street, Suite 319 Nashville, TN 37023</p> <p>____ Clarksville Location 980 Professional Park Dr., Ste E Clarksville, TN 37066</p> <p>____ Gallatin Location 300 Steam Plant Rd., Suite 300 Gallatin, TN 37066</p> <p>____ Smyrna Location 301 QueCreek Circle Smyrna, TN 37167</p>	<p align="center"><u>Amanda Wright, PA-C</u> Fax# 615-320-3188</p> <p>____ Centennial Physician's Park 2400 Patterson Street, Suite 319 Nashville, TN 37023</p> <p>____ Clarksville Location 980 Professional Park Dr., Ste E Clarksville, TN 37066</p> <p>____ Gallatin Location 300 Steam Plant Rd., Suite 300 Gallatin, TN 37066</p>
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REFERRING PHYSICIAN NAME _____ CONTACT _____

ADDRESS _____ PHONE # (____) _____ FAX # (____) _____

PATIENT NAME _____ M F DOB _____ SSN _____

ADDRESS _____ ZIP CODE _____

PHONE # (____) _____ ALT # (____) _____ DIAGNOSIS _____ PREVIOUS FILMS? _____

PRIMARY INS: _____ PPO HMO POLICY # _____

SECONDARY INS: _____ PPO HMO POLICY # _____

REFERRAL REQUIRED FOR SPECIALIST VISIT? YES NO

IS THIS INJURY RELATED TO: WORK COMP? _____ MOTOR VEHICLE ACCIDENT? _____

**** We are committed to providing efficient and prompt service. If you do not receive an appointment for this patient within 24 hours of your faxed request, please contact our office at (615) 986-1256. ****