

# SOUTHERN CALIFORNIA NEUROLOGY CONSULTANTS

625 S. Fair Oaks Ave., # 325  
Pasadena, CA 91105



Phone: (626) 535-9344  
Fax: (626) 535-9387

Date: \_\_\_\_\_

- Yafa Minazad D.O.
- Arbi Ohanian M.D.
- Neuropsychologist

### TYPE OF REFERRAL:

- Routine
- Urgent

\*\* REASON FOR URGENCY:

\_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### REFERRED FOR

- Neurological Evaluation
- Neuropsychological Assessment
- Gilenya Monitoring
- EMG/NCS
- OTHER: \_\_\_\_\_
- Sleep Study \*
- EEG \*
- TCD \*
- Autonomic Studies \*
- Evoked Potentials
- BAER
- Visual
- SSEP Upper /Lower \*

Referring Doctor: \_\_\_\_\_ Specialty : \_\_\_\_\_

Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### INSURANCE INFORMATION

INSURANCE:

- MEDICARE
- CASH
- MEDI-MEDI
- PPO
- HMO

2<sup>ND</sup> INSURANCE:

AUTHORIZATION # \_\_\_\_\_

- ◆ Upon receiving this form we will contact the patient immediately for an office visit.
- ◆ Please fax any medical records helpful for the patient's visit to (626) 535-9387.
- ◆ Please fax this form to SCNC at (626) 535-9387.
- \* Procedures performed by Huntington Hospital Neurodiagnostic Laboratory.