INDIANA NEUROSCIENCE ASSOCIATES

Physician Referral Form

Fax Referrals to: (317)570-2286

Michael H. Levine M.D.

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Indianapolis
(Meridian Street)
9302 N. Meridian St., Suite 101
Indianapolis, IN 46260

Referring Physician Information

Date:_____ Phone:_____

Contact Name:_____

Referring Provider: _____

Scheduling Coordinator Name: _____

Phone:_____ Referring Provider Fax Number: _____

Patient Information

Patient Name:_____ Phone:_____

Date of Birth:_____ Policy #: _____

Insurance Company:_____ Type of Policy: _____

Policy Holder Name (if different from above): _____

Patient Diagnosis: _____

_____

- ❑ **Neurology Consult:**_____
- ❑ **Headache Management Consult:**_____
- ❑ **Sleep Consultation/Home Sleep Study:** _____
- ❑ **EMG Electromyography/Nerve Conduction Velocity:**
  - ❑ RUE ❑ LUE ❑ Bilat Upper Ext ❑ RLE ❑ LLE ❑ Bilat Lower Ext

Indiana Neuroscience Associates Contact Information (All Locations)

Please Call Our Referral Coordinator with Any Concerns Regarding the Referral Process

317-570-7900 • www.indiananeurologist.com

For Indiana Neuroscience Associates Use Only:

Form Will Be Faxed Back To Referring Physician Once Appointment Is Scheduled

Appointment Date:_____ Time:_____

Physician:_____ Location: _____