



INDIANA NEUROSCIENCE ASSOCIATES

Physician Referral Form
Fax Referrals to : 317 570 2286

Michael H. Levine M.D.

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Caryn Vogel, M.D.

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Karen Klutzke, MS, PA-C

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Heather Lutz, NP

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: _____

Indianapolis

(Meridian Street)

9302 N. Meridian St., Suite 101

Indianapolis, IN 46260

Noblesville

(Riverview)

18051 River Avenue, Suite 105

Noblesville, IN 46062