Central Nebraska
Neurology

AANEM Accredited Laboratory

2727 W 2nd St, Suite 340
Hastings, NE 68901

Phone: (402) 463-1250
Business Correspondence Fax: (402) 463-1461
Patient Correspondence Fax: (844) 826-7583
www.centralneneurology.com

REFERRAL FORM

Patient ______________________________ **Date** ______________

Reason ______________________________ **Referring Provider** ______________

Please place X next to answer for each of our mandatory documents you need to include with request

FULL CONSULT		EDX ONLY CONSULT	
Required documents to make appt		Required documents to make appt	
Demographics including Insurance	Yes ____ No ____	Demographics including Ins	Yes ____ No ____
Referring Provider Note pertaining to reason	Yes ____ No ____	Referring Provider Note pertaining to reason	Yes ____ No ____
Last 6 months Imaging reports	Yes ____ No ____	Any Pertinent Imaging reports	Yes ____ No ____
Last 6 months of lab reports if done	Yes ____ No ____	Any pertinent labs	Yes ____ No ____
Current medication list	Yes ____ No ____	Current medication list	Yes ____ No ____
Additional Information	Yes ____ No ____	Upper extremity Lower extremity Both	Right ____ Left ____ Both

WE WILL ONLY MAKE AN APPOINTMENT ONCE WE HAVE ALL DOCUMENTS SO PLEASE INCLUDE THEM WITH THE REQUEST TO BETTER SERVE PEOPLE

IF THIS IS FOR COGNITIVE IMPAIRMENT, PLEASE INCLUDE POA OR FAMILY MEMBER NAME AND TELEPHONE NUMBER ______________

☐ **IF THIS IS AN URGENT REQUEST, PLEASE CHECK THE BOX AND GIVE REASON WHY** ______________________________

PLEASE FAX TO 844-826-7583