

GENERAL NEUROLOGY

INFUSION

NEUROLOGICAL TESTING

NEUROPSYCHOLOGY

NEUROMUSCULAR DISORDERS

MOVEMENT DISORDERS

for electronic referrals

- Peripheral Neuropathy
- Nerve Entrapments
- Parkinson's Disease
- Multiple Sclerosis
- Neck and Back Pain/Radiculopathy
- Sleep Disturbances/Disorders
- Stroke/Vascular Disorders
- Memory Loss/Dementia
- Migraine/Headache
- Essential Tremor
- Infusion Therapy
- Brain Injury

Date _____

Reason for Referral (check one)

Patient Name / DOB _____

Evaluate and Treat

Consult

Testing Without Consult

Patient phone # _____

Testing Options

EMG/NCV (Electromyography & Nerve Conduction Test)

Referring Physician _____

RUE LUE BUE RLE LLE BLE

Physician Phone # _____

Neurologist to determine

Diagnosis or Complaint _____

Neuropsychological

Other (please specify) _____

Please fax the following to 817-267-0950:

1. Patient Information / Demographics Sheet
2. Copy of patient's insurance card, front and back
3. Notes, indication of nature of visit
4. This referral form

Thanks for letting us help you care for your patient.

kanehallbarry.com

PLEASE TEAR OFF HERE AND GIVE BOTTOM TO YOUR PATIENT

Your doctor has referred you to Kane Hall Barry Neurology.

We look forward to meeting you. Please call us at 817-267-6290 if you have any questions for us, or need to change your appointment.



Your appointment will be on _____

at _____ at our office in

BEDFORD ★

Parc Plaza
1305 Airport Freeway
Suite 205
Bedford, TX 76201
817-267-6290

KELLER ★

4525 Heritage Trace Parkway
Suite 117
Keller, TX 76244
817-267-6290

Please arrive 15 minutes before your appointment time to complete paperwork. Bring your ID and insurance card, list of current medications and any other information that will help in your care.