

ARTHUR A. ALLEN, II. M.D.
MICHAEL E. RYAN, M.D.
Gordon R. Kelley, M.D.



KIMBERLY A. COCHRAN, M.D.

ATTENTION: SCHEDULING DEPARTMENT, ext. 226

REFERRING PHYSICIANS:

FAXABLE REFERRAL FORM TO NEUROLOGY CONSULTANTS, CHTD.

DATE: _____

PATIENT'S NAME: _____ D.O.B. _____

HOME #: _____ WORK #: _____ CELL #: _____

HEALTH INSURANCE: _____

ARE YOU A PARTICIPATING PROVIDER WITH MEDICARE? YES NO

REFERRAL TO: DR. ALLEN DR. RYAN DR. KELLEY
DR. COCHRAN
ANY PHYSICIAN AT NEUROLOGY CONSULTANTS (to get in quicker)

REFERRED FOR: CONSULTATION EMG/NCS EEG

AREA TO BE TESTED (or) REASON FOR CONSULT: _____

REFERRING PHYSICIAN: _____ PHONE #: _____

FAX #: _____

PLACE OF SERVICE:

OFFICES:

THE ANTIOCH HILLS BUILDING
THE CARONDELET MEDICAL BUILDING
THE OLATHE DOCTORS BUILDING

APPOINTMENT DATE: _____ TIME: _____

◇ I would like confirmation faxed back to my office with patient's scheduled appointment date.

** Please send any current test results, reports, and referrals to THE ANTIOCH HILLS BUILDING at the address shown above or by fax to (913) 384-1542.

**Patient should bring their insurance cards or complete billing information for Work. Comp. Claims.

THE CARONDELET MEDICAL BUILDING A
1010 CARONDELET, SUITE 416
KANSAS CITY, MISSOURI 64114

THE ANTIOCH HILLS BUILDING
8800 WEST 75TH STREET, SUITE 100
SHAWNEE MISSION, KANSAS 66204-4021
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www.nc-kc.com

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