

Neurosurgical Associates, L.L.C

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Christopher G. Wilkerson, M.D., P.C.

Date: _____

Please check one:

 Consult / Request for Opinion
 Referral / Transfer of Care

Please check the physician(s) you would like to treat your patient: Next Available Mark V. Reichman, MD

Charles C. Rich, MD Peter H. Maughan, MD Paul A. House, MD Nam K. Yoon, MD Christopher G. Wilkerson, MD

Patient Name First Middle Last

Home Phone Work Phone Mobile Phone

Primary Insurance Secondary Insurance

Date of Birth

Neurological Symptoms or Diagnosis:

Physician requesting Consult or Referral:

Physician Name Telephone Fax

Provider's Signature Date

Requesting Office Contact Name Contact Number and Extension

Please fax or mail:

Most recent clinic note

Most recent EMG, NCV, MRI, CT, or X-ray films and report

Copy of insurance card(s) and demographic information

Thank you for allowing our physicians and staff to participate in the care of your patient.

Our office is located in the South Office Building on the Intermountain Medical Center Campus. For directions or office hours please call the local or toll-free number listed above.

Faxed By

Date Faxed