



GAINESVILLE
NEUROLOGY
GROUP, LLC

1240 Jesse Jewell Parkway, Suite 400
Guilford Clinics Building
Gainesville, GA 30501

Preferred Physicians:

- Dr. Clinton E. Branch
- Dr. Michael S. Baugh
- Dr. Daniel L. Cobb
- First Available

Patient Name: _____ DOB: _____ SS No.: _____

Patient Phone No: _____ Best Time To Call: _____

Subscriber Name: _____ ID No.: _____

Insurance Name: _____ Phone No.: _____

Print Name of PCP: _____ Phone No.: _____

Address of PCP: _____

Name of Referring Physician: _____ Phone No.: _____

Signature of Referring Physician: _____

Diagnosis of/Reason for Referral: _____

For services that require authorization, contact the Pre-Certification Department at:

Telephone 678-696-2155

Fax 770-503-7285

Referral Number: _____ **Issue Date:** _____

-
- Initial consultation and report (one visit)
 - Initial consultation and report with follow-up for a total of _____ visit

Special procedure, test, or treatment as indicated:

- | | | | |
|------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> EEG | <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Routine | <input type="checkbox"/> Sleep Deprived |
| <input type="checkbox"/> EMG | <input type="checkbox"/> Upper | <input type="checkbox"/> Bilateral | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| | <input type="checkbox"/> Lower | <input type="checkbox"/> Bilateral | <input type="checkbox"/> Right <input type="checkbox"/> Left |

PLEASE FAX OFFICE NOTES, X-RAYS AND LABS RELATED TO THIS CONSULT
FAX NUMBER 770-503-7285 APPOINTMENT LINE 770-534-7885