LEO GERMIN, MD &
NEUROLOGICAL ASSOCIATES
Leo Germin, M.D., FAANEM,
Medical Director
Jessica A. Knirk, M.D.
William Lujan, M.D.
Eric Gutglueck, M.D.
Fara Tan, APRN, MSCN

CNS
Clinical Neurology Specialists
www.cnsnevada.com

NEW PATIENT
SCHEDULING CONTACTS
☎ PHONE: (702) 804-4949
FAX: (702) 577-0985
SERVICES
Neurological Evaluation / Treatment, NCV/EMG, EP, EEG, VIDEO EEG, TCD

REFERRAL FORM

STEP 1: ENTER PATIENT INFO:

REFERRAL DATE: ____/____/____

PATIENT NAME:	DOB: ____/____/____	SSN:	EMAIL:
PATIENT ADDRESS (Street):	(City):		(State and Zip):
CELL PHONE:	WORK / ALT. PHONE:		HOME PHONE:
REF. PHYSICIAN NAME / CLINIC NAME / PHONE NUMBER:			FAX / FAX CONTACT:

STEP 2: CHOOSE THE PAYER: (Some payers may require prior auth)

☐ INSURANCE

INSURANCE (Primary): HMO | PPO | OTHER	AUTHORIZATION #:	EXPIRATION DATE: ____/____/____
INSURANCE (Secondary): HMO | PPO | OTHER	AUTHORIZATION #:	EXPIRATION DATE: ____/____/____

☐ WORKERS' COMPENSATION

WORKERS' COMPENSATION COMPANY:	CLAIM #, DOI ADJUSTER:	PHONE:

☐ MEDPAY ☐ MEDICAL LIEN ☐ OTHER

PAYER / CLINIC / ATTY / FIRM:	FAX / FAX CONTACT:	PHONE:

STEP 3: CHOOSE A SERVICE & CODE: (Some services may require prior auth)

☐ EVAL/TREATMENT 99245 (1) Reason for consult:_____

MOST COMMON REASONS & CODES (check one or more)

- ☐ ABNORMAL BRAIN SCAN R94.02
- ☐ CARPAL TUNNEL UNS G56.00
- ☐ DIZZINESS/GIDDINESS R42
- ☐ HEADACHE R51
- ☐ PAIN IN LIMB M79.609
- ☐ MUSCLE WEAKNESS M62.81
- ☐ NUMBNESS R20.2
- ☐ OTHER SEIZURES G40.89
- ☐ SYNCOPE R55
- ☐ TREMORS/TWITCHES G25.0
- ☐ BACK PAIN M54.5
- ☐ DEMENTIA F02.80
- ☐ GAIT DISORDER R26.9
- ☐ HEAD INJURY S09.90XA
- ☐ MEMORY LOSS R41.3
- ☐ NECK PAIN M54.2
- ☐ POST CONCUSSION SYN F07.81
- ☐ SLURRED SPEECH R47.81
- ☐ STROKE I63.50
- ☐ ULNAR NERVE INJ G56.20

☐ EDX LAB CONSULT Provisional Diagnosis to be answered by EMG\NCV procedure is:_____

☐ EDX UPPER EXTREM. 99245(1), 95913(1), 95886(2) ☐ EDX LOWER EXTREM. 99245(1), 95913(1), 95886(2)

MOST COMMON REASONS & CODES (check one or more)

- ☐ ABNORMAL INVOLUNTARY MOVEMENTS R25.0-R25.9
- ☐ CARPAL TUNNEL SYND G56.00-G56.03
- ☐ CRAMP / SPASM R25.2
- ☐ INJ LUMBAR / SACRAL SPINE S34.101-S34.139
- ☐ MUSCLE WEAKNESS GENERALIZED M62.81
- ☐ NUMBNESS/TINGLING R20.0-R20.9
- ☐ PAIN IN SHOULDER M25.511-M25.519
- ☐ RADICULOPATHY M54.10-M54.18
- ☐ BRACHIAL PLEXUS DIS G54.0
- ☐ CERVICAL DISC DIS /W RADICULOPAT M50.10-M50.13
- ☐ DIS OF PERIPHERAL NERVOUS SYSTEM G50.0-G72.9
- ☐ MONONEUROPATHIES UPPER LIMB G56.00-,G56.20-,G56.80-
- ☐ NEURALGIA/NEURITIS UNS M79.2
- ☐ OTHER UNSP INJURIES THORACIC SPINE S24.101-, S24.151-
- ☐ PAIN IN LIMB M79.601-M79.609
- ☐ SCIATICA M54.30-M54.32

STEP 4: FAX ☐ THIS FORM, ☐ PROGRESS NOTES, ☐ ID, ☐ INS. CARD, ☐ AVAILABLE RECORDS TO SECURE FAX (702) 577-0985

SEE THE REVERSE SIDE OF THIS REFERRAL FORM FOR LOCATION INFORMATION / INSURANCE LIST