TEXAS CENTER FOR NEUROSCIENCES

Remi Nader, M.D.
Phone: 832-932-9300
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3431 Rayford Rd. Suite 200-563
Spring, TX 77386
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PATIENT REFERRAL FORM

*****For all Brain or Spine Problems, Please Bring Actual Imaging Films which Must Include MRI or CT scans (Films may be on CD ROMS) *****
Also, please bring office notes, reports, medication list, insurance cards.

Patient Name: _____

Referred By:_____

Phone Number:_____ Fax:_____

Demographics: Age: Sex: Date of Birth:	Primary Insurance Info:
Patient Contact Info: Address: Phone:	Secondary Insurance Info:

Brain/ Peripheral Nerve Pathology Diagnosis/Reason for Referral:	**Spine Pathology** Diagnosis/Reason for Referral:
Imaging/Studies Performed:	Imaging/Studies Performed:

Please FAX form to 1-888-847-6562

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