



Department of Neurosurgery

1149 S. Newell Drive
Bldg.59, RoomL2 -100
Gainesville, FL 32611

University of Florida
College of Medicine

352 -273 -9000

NEW PATIENT REFERRAL LINE



352.273.6990

REQUEST FOR CONSULTATION

FAX to 352.392.2443

Circle one

FRIEDMAN	BLATT	FOOT	FOX	GHIASEDDIN	GOVERNALE	GURURANGAN
BRIAN HOH	DANIEL HOH	MURAD	POLIFKA	RAHMAN	ROPER	TRAN

Patient name: _____ DOB: _____ M/F _____

Address: _____ City, State _____ Zip _____

Home phone: _____ Cell phone: _____ Guardian _____

Diagnosis: _____

Referring MD _____ MD email _____ Contact _____

Address: _____ City, State _____ Zip _____

Phone: _____ Fax: _____ NPI _____

PCP name: _____ Contact: _____
(if different)

Address _____ City, State _____ Zip _____

Phone: _____ Fax: _____ NPI _____

PLEASE ATTACH COPY OF INSURANCE CARD(S)

First insurance _____ Phone: _____

Claim address _____ City, State _____ Zip _____

Policy holder name _____ Policy number _____ Group # _____

Relation to patient _____ Authorization # _____

Second insurance _____ Phone: _____

Claim address _____ City, State _____ Zip _____

Policy holder name _____ Policy number _____ Group # _____

Relation to patient _____ Authorization # _____

**IMPORTANT: Attach most recent test results (<than six months) and notes.
For more information visit, neurosurgery.ufl.edu.**