UFHealth
NEUROSURGERY

Fast Fax Appointment Request Form

(Request for Consultation)

FAX this form to 352.392.2443

New Patient Appointments Phone: 352.273.6990

UF Comprehensive Spine Center Phone: 352.265.SPNE (7763)

Appointment requested with:

☐ Blatt	☐ Brian Hoh	☐ Friedman	☐ Gururangan	☐ Rahman	☐ Tran	☐ UF Health Pediatric Neurosurgery
☐ Chalouhi	☐ Daniel Hoh	☐ Ghiaseddin	☐ Murad	☐ Roper	☐ UF Comprehensive Spine Center	
☐ Decker	☐ Foote	☐ Governale	☐ Polifka	☐ Sriharan	☐ UF Comprehensive Skull Base Surgery Center	

Patient Information:

Name _____ DOB _____ ☐ Male ☐ Female

Address _____ City, State _____ Zip _____

Home Phone _____ Cell Phone _____ Guardian _____

DIAGNOSIS:

Requesting MD Information:

Name _____ Email _____ Contact _____

Address _____ City, State _____ Zip _____

Phone _____ Fax _____ NPI _____

PCP (if diff) _____ Contact _____

Address _____ City, State _____ Zip _____

Phone _____ Fax _____ NPI _____

Primary Insurance:

Insurance Company _____ Phone _____

Address _____ City, State _____ Zip _____

Policyholder Name _____ Policy # _____ Group # _____

Relation to Patient _____ Authorization # _____

Secondary Insurance:

Insurance Company _____ Phone _____

Address _____ City, State _____ Zip _____

Policyholder Name _____ Policy # _____ Group # _____

Relation to Patient _____ Authorization # _____

Please Attach: 1. Copy of insurance card(s); 2. Most recent test results (less than 6 months old); 3. Notes

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