



MARQUETTE GENERAL

580 W. COLLEGE AVENUE • MARQUETTE, MICHIGAN 49855
PHONE: 906-225-3993 • FAX: 906-225-4589

- PRATAP C. GUPTA, MD
- ROMAN E. POLITI, MD

Thank you for the Referral to Marquette General Neurology
We are located at Marquette General Hospital on the 3rd Floor Skywalk.

Date of Request: _____ / _____ / _____ Office consult EMG Both

Referring Physician's Name: _____ NPI# _____

Referring Physician's phone # _____ Office Fax # _____

Patient First Name: _____ Last Name _____ Middle Initial _____

Date of Birth _____ / _____ / _____ SS# _____ - _____ - _____

Address: _____

Phone (H) _____ (W) _____ Insurance Information*: _____

Reason for Referral/Chief Complaint: _____

Referring Physician Signature _____

Testing:

Please complete the checklist to let us know if any testing has been done.

***Please fax office visit notes related to this referral along with all test results, this form and a medication list.**

- | Yes | No | |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | EEG |
| <input type="checkbox"/> | <input type="checkbox"/> | MRI/CT* |
| <input type="checkbox"/> | <input type="checkbox"/> | Labs |
| <input type="checkbox"/> | <input type="checkbox"/> | EMG |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep Study |
| <input type="checkbox"/> | <input type="checkbox"/> | ER or hospital notes |

— INTERNAL USE ONLY —

Scheduled with: _____

Appointment Date _____

Additional Info. needed: _____

* Please have patient bring films or **CD** if **MRI / CT** not done at MGH.

*Have patient bring insurance/billing information.

Fax this form and records to: 906-225-4589