PARADIGM
NEUROLOGY

A DIVISION OF PARADIGM HEALTH SYSTEM

www.northlakeneuro.net

NEUROLOGY/EMG REFERRAL

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- ❑ **Rex Houser, M.D.**
- ❑ **Thomas Krefft, M.D.**

Date: _____

Name: _____ DOB: _____

Phone #: _____ Patient SSN: _____

Chief Complaint: _____

Referring Physician: _____

Insurance Carrier: _____

PLEASE SEND A COPY OF THE INSURANCE CARD WITH THIS FORM.

Special Instructions: _____

_____

Please fax copy of referral form and any applicable medical records.
Patient should bring MRI and/or films and reports to consult visit.

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