



**NORTHLAKE<sup>SM</sup>**  
**NEUROLOGICAL**  
**INSTITUTE**  
A DIVISION OF PARADIGM HEALTH SYSTEM

[www.northlakeneuro.net](http://www.northlakeneuro.net)

## NEUROLOGY/EMG REFERRAL

PHONE: 985-882-4500

FAX: 985-882-4501

Patrick Glynn, 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.

