

DIVISION OF NEUROLOGY
 Ravi Yarlagadda, M.D.
 Omar Figueroa, M.D.
 David Chabolla, M.D.
 Kenneth Hentschel, D.O., Ph.D.



SPINE & BRAIN INSTITUTE
 St. Vincent's HealthCare

DIVISION OF NEUROSURGERY
 Eric Gabriel, M.D., F.A.C.S.
 Ashutosh A. Pradhan, M.D.
 Ali Chahlavi, M.D.
 Kent C. New, M.D., Ph.D.

New Patient Referral

| | | | | | |
|--------------------------|---------------------------------------|---|--------------------------|---|--|
| <input type="checkbox"/> | Ravi Yarlagadda, M.D. | Neurology Ph: (904) 308-7959 Fax:(904) 308-7938 | <input type="checkbox"/> | Eric Gabriel, M.D. F.A.C.S | Neurosurgery Ph: (904) 308-2006 Fax:(904) 308-7111 |
| <input type="checkbox"/> | Omar Figueroa, M.D. | | <input type="checkbox"/> | Ashutosh A. Pradhan, M.D. | |
| <input type="checkbox"/> | David Chabolla, M.D. | | <input type="checkbox"/> | Ali Chahlavi, M.D. | Neurosurgery Ph: (904) 296-3103 Fax:(904) 296-3106 |
| <input type="checkbox"/> | Kenneth Hentschel, D.O., Ph.D. | | <input type="checkbox"/> | Kent C. New, M.D., Ph.D. | |
| <input type="checkbox"/> | First Available | | <input type="checkbox"/> | First Available | |

Please fax the patient's last office notes, MRI/CT report, and any other pertinent information for their visit. The patient will be contacted by our office to schedule an appointment.

Patient Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Ph: _____ Alt Ph: _____

SS#: _____ Referring Physician: _____

Referring Physician's Telephone Number: _____

Complaint/DX: _____

Testing/Imaging Performed: _____

Primary Ins: _____ Ph: _____

ID: _____ Group: _____

Secondary Ins: _____ Ph: _____

ID: _____ Group: _____

Subscriber: _____ Rel: _____ DOB: _____

Injury Y or N Auto Y or N W/C Y or N

Previous neurosurgeon/neurosurgery _____

Auth #: _____ # of Visits _____ Eff: _____ Exp: _____

Thank you; your patients will be contacted within 48hrs of receipt of this request.

| | | | | |
|--|---|--|---|--|
| 3 Shircliff Way Dillon Building Ste 714 Jacksonville, FL 32204 Phone: (904) 308-2006 Fax: (904) 308-7111 | 4205 Belfort Road Joe Adams Bldg Suite 1100 Jacksonville, FL 32216 Phone: (904) 296- 3103 Fax: (904) 296-3106 | 2300 Park Avenue Suite 101-D Orange Park, FL 32073 Phone: (904) 308-2006 Fax: (904) 308-7111 | 2300 Marsh Point Suite 202 Neptune Beach, FL., 32266 Phone: (904) 296- 3103 Fax: (904) 296-3106 | Charlton Memorial Hospital 1203 North Third St. Folkston, GA 31537 Phone: (904) 308-7959 Fax: (904) 308-7938 |
|--|---|--|---|--|

Please visit us at www.spineandbraininstitute.com