

Centerville

Miami Valley Hospital South
2300 Miami Valley Dr., Ste. 550
Centerville, Ohio 45459
(937) 438-7500

Dayton

Miami Valley Hospital
30 E. Apple St., Ste. 5254
Dayton, Ohio 45409
(844) 277-2894 Toll Free
(937) 208-4200

Englewood

Miami Valley Hospital North
9000 N. Main St., Ste. 238
Englewood, Ohio 45415
(937) 836-6916

Middletown

Atrium Medical Center
Professional Building
200 Medical Center Dr., Ste. 325
Middletown, Ohio 45005
(513) 705-4762

Troy

Upper Valley Medical Center
3130 N. County Rd. 25A. Ste. 114
Troy, Ohio 45373
(937) 440-7665

To refer a patient, please call 1-844-277-2894 or fax (937) 208-5143.

clinicalneuroscienceinstitute.com

Refer to:

Date _____

Neurology

- General Neurology
- Brain Mapping Center
- Epilepsy
- Headache
- Memory
- Movement Disorders
- Multiple Sclerosis
- Neuromuscular
- Neurointerventional Radiology

Patient _____

Date of Birth _____

Daytime Phone _____

Evening Phone _____

Address _____

City _____ State _____ Zip _____

Insurance _____

Referring Physician _____

Neurosurgery

- Spine
- Tumor
- Functional
- Physiatry/Pain Management
- Other

Physician Phone _____

Physician Fax _____

Reason for Referral _____

- Physician

- First available

Appointment

Day _____

Date _____

Time _____ a.m. p.m.

Patient notified _____

Referring physician notified

Date _____

Time _____ a.m. p.m.

Requested Information (if available)

- Copy of Insurance Card (provide copy of front and back of insurance card)

- Insurance Company Referral Authorization Number _____

Authorization Range _____

- If not a Premier provider utilizing Epic**, please provide most recent test results (labs, x-ray, CT, MRI, EMG, EKG, documentation from previous neurological procedures or surgeries).

- Please provide last office note (if available, attach copy)