

# Neurology Referral for:

**Peter A. Tarbox, M.D.**

**Neurology Consultants of San Antonio**

5441 Babcock Road, Suite 301

San Antonio, Texas 78240

Phone (210) 641-1394

**Please fax all Referrals to (210) 561-2846**

Please include with your fax the Patient's Demographic & Insurance Information, any Diagnostic Study / Report(s), if available (MRI's), & the Pt's Recent Visit/Progress Note(s).

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_ Patient SS #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Patient ID #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Referring Physician NPI #: \_\_\_\_\_

Referring Physician Address / Office Location: \_\_\_\_\_

Referring Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Diagnosis Code(s) / Reason(s) for Referral:** \_\_\_\_\_

**PLEASE INDICATE SERVICES REQUESTED:** \_\_\_ NEURO CONSULT \_\_\_ Electroencephalography-EEG

\_\_\_ NEUROLOGY CONSULT with \_\_\_ Electromyogram / NERVE CONDUCTION STUDY only

Electromyogram / NERVE CONDUCTION STUDY

**FOR EMG/NCV STUDIES: PLEASE SPECIFY -** \_\_\_ UPPER EXTREMITY \_\_\_ LOWER EXTREMITY \_\_\_ BOTH UE&LE

***Please Note Our  
New Location!***

**5441 Babcock Road  
Suite 301  
(In the PLAZA LECEA Bldg.)**

