## **Neurology** Referral for:

## Peter A. Tarbox, M.D.

## Neurology Consultants of San Antonio

5441 Babcock Road, Suite <u>301</u> 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 Phy	ysician NPI #:	
Referring Physician Address / Office Location:			
Referring Physician Phone #:	Fax #:		
Diagnosis Code(s) / Reason(s) for Referral:			_
PLEASE INDICATE SERVICES REQUESTED:	NEURO CONSU	ULT Electroencephalography-EEC	<u> </u>
NEUROLOGY CONSULT with	Electromyog	ram / Nerve Conduction Study only	Z
Electromyogram / NERVE CONDUCTION STUDY			
FOR EMG/NCV STUDIES: PLEASE SPECIFY -	UPPER EXTREMITY	YLOWER EXTREMITYBOTH UE&	LE

Please Note Our Updated Bldg Location Name!



5441 Babcock Road Suite 301

