Premier Health
Premier Physician Network

Clinical Neuroscience Institute

Centerville	*Dayton*	*Englewood*	*Middletown*
Miami Valley Hospital South	Miami Valley Hospital	Miami Valley Hospital North	Atrium Medical Center
2300 Miami Valley Dr., Ste. 550	30 E. Apple St., Ste. 5254	9000 N. Main St., Ste. 238	Professional Building
Centerville, Ohio 45459	Dayton, Ohio 45409	Englewood, Ohio 45415	200 Medical Center Dr., Ste. 325
(937) 438-7500	(844) 277-2894 Toll Free	(937) 836-6916	Middletown, Ohio 45005
(937) 438-7555 Fax	(937) 208-4200	(937) 836-6409 Fax	(513) 705-4762
	(937) 208-2678 Fax		(513) 705-4706 Fax

clinicalneuroscienceinstitute.com

Refer to:

❏ Neurology

❏ Neurosurgery

❏ Neuro Interventional Radiology

❏ Brain Mapping Center

❏ Other

_____

_____

❏ Physician

_____

_____

❏ First available

Date _____

Patient _____ Date of Birth _____

Daytime Phone _____ Evening Phone _____

Address _____

City _____ State _____ Zip _____

Insurance _____

Referring Physician _____

Physician Phone _____ Physician Fax _____

Reason for Referral _____

_____

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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)