

McLaren Print System Order

Order No: 61734 Reprint Previous Order No: 61731
Order Date: 2021-04-15
User: Stacey Engberg
Phone: 342-5523

Ship Location: McLaren Flint Neuroscience Institute 3N
401 South Ballenger Highway
Flint, Mi 48532

Forms

Quantity: 100
Paragon Dept No: 25215
Dept Name: Neuroscience Institute 3N
Company Number: 60

Order Total Price: 0.00

Item Number: M-28050
Item Description: REQUEST for REFERRAL - Neuroscience Institute - Interventional Neurology
Revision Date: 8/2020
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



Neuroscience Institute • Interventional Neurology
 401 S. Ballenger Highway, 3 North • Flint, MI 48532 • Phone: 810-342-5700 • Fax: 810-342-5504

REQUEST for REFERRAL

Request Date: _____

DEMOGRAPHICS and INSURANCE INFORMATION:

Patient Name: _____ DOB: _____
 Patient email: _____
 Provider: _____ Phone: _____ Fax: _____
 Insurance: _____ Insurance ID Contract: _____

REFERRING TO:

Physician:
 Mahmoud Fayez, MD Sharath Narasimha, MD Anir Majumdar, MD

Location:
 McLaren-Flint, Neuroscience Institute/Interventional Neurology 401 S. Ballenger Hwy, 3 North-Flint, MI 48532
 McLaren-Macomb, Neuroscience Institute/Interventional Neurology 1000 Harrington Blvd, Mt. Clemens, MI 48043

REQUESTED SERVICE:

Date of Service/ Start of Care: _____ New Patient Existing Patient Open Referral

Office Visit Inpatient Procedure at McLaren Flint Diagnostic Testing _____
 Cerebral Angiogram (Patient must be seen in clinic by our physician first) Other: _____

If Referring Patient for Office Visit or Cerebral Angiogram all items below must be included for office visit, if incomplete the patient cannot be scheduled:

Office Visit Note: _____
 Reports of all brain imaging: _____
 Patient Demographics including updated insurance information: _____
 CD/DVD of all brain imaging if not performed at McLaren-Flint
 Medication List
 Global Authorization Completed if indicated by Patient Insurance Policy (Include Auth #): _____

DIAGNOSIS CODE:

I67.1 Cerebral Aneurysm, Non ruptured
 I69.9 Stroke
 Q25.2 Arteriovenous Malformation
 I69.9 Occlusion and Stenosis of Unspecified Cerebral Artery (please specify): _____

THANK YOU FOR YOUR ASSISTANCE, PLEASE CALL THE OFFICE IF THERE ARE QUESTIONS.

CONFIDENTIAL NOTICE
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