



REFERRAL to McLaren Macomb Seizure/Epilepsy clinic

Please fax to 586-493-3299

Date of Referral: _____

Referring Physician & contact info _____

Patient name: _____

DOB: _____

Based on your:

_____ Diagnosis

_____ Medical History

_____ Current Medications

And per discussion, it is recommended that you follow up with a seizure specialist/epileptologist 2 weeks.

Please call the McLaren Macomb Neurology clinic to schedule an appointment.

Our address and contact information is:

Dr. N. Ardesna, MD and Allyson Hayman , PA-C
1030 Harrington Street Suite LL01 Mt. Clemens, MI 48043

Tel# 586-493-3297

Fax# 586-493-3299

The clinic will also reach out to you