



**Neurology & Pain
Management Center, PLLC**
"Finding The Path To Better Health"

New Patient Referral Form
Referral Phone: (910) 491-2744
Referral Fax: (910) 920-9145

www.neurologyandpain.org

Date of Referral: _____

Patient Name: _____ DOB: _____ Phone: _____

We do not accept Self Pay or Worker's Comp

Referral Type: Urgent Next Available

Evaluate and Treat Evaluate for Second Opinion

Diagnosis: Headache Neuropathy Myofascial Pain Memory Loss

CVA/Stroke/TIA Arthritis Weakness Carpal Tunnel

Sleep Apnea Numbness Dizziness Epilepsy/Seizures

Acute Pain Chronic Pain **Suboxone Treatment**

Chronic Opioid Maintenance Therapy

Other: _____

Electrodiagnostic Testing Only: EMG EEG Nerve Conduction Study

Patient will only be seen for their primary complaint at their initial office visit

Referring Provider: _____ Phone: _____ Fax: _____

Please include the following:

Demographics

Insurance cards

Any records for the last 6-12 months (office notes, imaging, drug screens, and labs)

Location(s) patient would prefer.

Lillington Sanford Benson Fayetteville Morrisville Aberdeen