



Neurology & Pain Management Center, PLLC

"Finding The Path To Better Health."

NEW PATIENT REFERRAL FORM

Nailesh Dave, MD

Diplomat of American Board of Psychiatry and Neurology

Diplomat of American Academy of Pain Medicine • Diplomat American Board of Psychiatry & Neurology Sleep Medicine

Patient: _____ **Appt Date:** _____ **Appt Time:** _____

Referral Type: <input type="checkbox"/> Evaluate and Treat	<input type="checkbox"/> Botox	<input type="checkbox"/> Trigger Point Injections
<input type="checkbox"/> Evaluate (with Recommendations)	<input type="checkbox"/> Sacroiliac Injections	<input type="checkbox"/> Spinal Tap
<input type="checkbox"/> Epidural Only (Circle:Thoracic/Lumbar) Facet	<input type="checkbox"/> Nerve Conduction/EMG	<input type="checkbox"/> EEG

Reason for Referral:

<input type="checkbox"/> Headache	<input type="checkbox"/> CVA/Stroke/TIA	<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Numbness	<input type="checkbox"/> Acute/Chronic Pain
<input type="checkbox"/> Myofascial Pain	<input type="checkbox"/> Weakness	<input type="checkbox"/> Suboxone Therapy	<input type="checkbox"/> Neck/LB/Joints
<input type="checkbox"/> Memory Loss	<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Other:

Primary Insurance Coverage: _____

Secondary Insurance Coverage _____

****We do not accept self pay or worker's comp****

Referring Physician: _____ **Telephone:** _____

Please include the following information with the referral:

<input type="checkbox"/> Demographics	<input type="checkbox"/> Imaging/Lab Results (12 months)
<input type="checkbox"/> Copy of Insurance Card	<input type="checkbox"/> Last Urine Drug Screen
<input type="checkbox"/> Last 3 office notes	<input type="checkbox"/> Tried and Failed Medications

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

Sanford Office
1212 Central Dr. Suite 101
Sanford, NC 27330
(919) 777-5455 Fax (910) 920-9145

Lillington Office
350 Pine State Street
Lillington, North Carolina 27546
(910) 893-9700 Fax (910) 920-9145

Fayetteville Office
1291 Oliver Street
Fayetteville, North Carolina 28304
(910) 491-2744 Fax (910) 920-9145

Fayetteville Office
3400 Walsh Parkway Suite 100
Fayetteville, North Carolina 28311
(910) 491-2744 Fax (910) 920-9145

Benson Office
3402 South Walton Ave
Benson, NC 27504
(919) 894-1003 Fax (910) 920-9145

Morrisville Office
6402 McCrimmon Pkwy
Morrisville, NC 27560
(919) 234-6016 Fax (910) 920-9145