



Department of Neurosurgery

1149 S. Newell Drive
Bldg. 59, Room L2 -100
Gainesville, FL 32611
352 -273 -9000

University of Florida
College of Medicine

NEW PATIENT REFERRAL LINE →

352.273.6990

REQUEST FOR CONSULTATION

FAX to 352.392.2443

Circle one

FOOTE	FRIEDMAN	GHIASEDDIN	GURURANGAN	BRIAN HOH	DANIEL HOH	FOX
MURAD	PINCUS	POLIFKA	RAHMAN	ROPER	TRAN	

Patient name: _____ **DOB:** _____ **M/F** _____

Address: _____ **City, State** _____ **Zip** _____

Home phone: _____ **Cell phone:** _____ **Guardian** _____

Diagnosis:

Referring MD _____ **MD email** _____ **Contact** _____

Address: _____ **City, State** _____ **Zip** _____

Phone: _____ **Fax:** _____ **NPI** _____

PCP name: _____ **Contact:** _____

(if different)

Address _____ **City, State** _____ **Zip** _____

Phone: _____ **Fax:** _____ **NPI** _____

PLEASE ATTACH COPY OF INSURANCE CARD(S)

First insurance _____ **Phone:** _____

Claim address _____ **City, State** _____ **Zip** _____

Policy holder name _____ **Policy number** _____ **Group #** _____

Relation to patient _____ **Authorization #** _____

Second insurance _____ **Phone:** _____

Claim address _____ **City, State** _____ **Zip** _____

Policy holder name _____ **Policy number** _____ **Group #** _____

Relation to patient _____ **Authorization #** _____

IMPORTANT: Attach most recent test results (<than six months) and notes.
For more information visit, neurosurgery.ufl.edu.