



A Division of JWM Neurology PC

Comprehensive Neurological Expertise
Compassionate Patient Care

Neurology/Sleep Referrals :

765-298-4545 (phone)

765-298-4945 (fax)

Pain Referrals :

765-298-4545 (phone)

765-298-4945 (fax)

Schedule: Neurology Consult _____ EMG _____ Sleep Consult _____
Pain Consult _____ (Please check one)

Patient Name (please print):

_____ MI
Last First
Male _____ Female _____ Daytime phone () _____

Patient DOB _____/_____/_____

Referring MD: _____

Ref. MD Telephone# _____ FAX # _____

Reason for Consult / EMG / Sleep Consult / Pain Consult:

- **EMGs will be scheduled promptly.**
- **If you are referring for an EMG, EEG, Carotid, or VNG and a referral is required, the REFERRING OFFICE MUST OBTAIN THE AUTHORIZATION. AUTH # _____**
- **Neurology Consults will be scheduled within 4 business days unless otherwise requested as Urgent/Emergent**

Urgent/Emergent _____ Next Available _____ (please check one)

CIN to contact the patient with the appointment time and date _____

CIN to contact referring office with appointment time and date _____

Office Contact Name _____

CIN to contact patient with EMG results _____

PLEASE FAX CURRENT H&P, DEMOGRAPHICS AND A COPY OF THE INSURANCE CARD ATTENTION: "CIN OFFICE MANAGER".

CIN Office Use Only

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

CIN MD: _____

CIN Location: _____

Date Faxed to Ref MD office: _____

Date Patient Contacted: _____

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