

Laurie Leach, Ph.D., FACP, Director
George P. Fowles, Ed.D., FACP
Jessica Matthes, Ph.D.
Karen L. Wilhelm, Ph.D., FACP
Kate Wilson, Ph.D.

NEUROPSYCHOLOGY FAX REFERRAL

From: _____ Telephone: _____ Ext. _____

Referring Physician: _____

Practice Name and Phone: _____

Please complete the following and attach recent office notes and any available neuroimaging (CT, MRI, etc.) reports and fax to 919-350-7130.

Patient Name: _____ Phone: _____

DOB/Age: _____ SSN: _____

Address: _____

Diagnosis & ICD-9 code: _____

Referral Question(s): _____

Insurance: _____ Group number: _____

Policy / Member ID number: _____

Scheduling needs: _____

Using the phone and fax numbers from the top of this form, please call if you have questions or fax this request to our office (along with appropriate records, notes, lab results, insurance info where applicable). Thank you for your referral. To download this form electronically, visit wakemedphysicians.com and click on "Referring Providers."