



Vaught Neurological Services, PLLC

B.K. Vaught, MD
Neurology &
Neuromuscular Medicine

A diplomate of the American Board of Psychiatry and Neurology, Inc., a member Board of the American Board of Medical Specialties.

A diplomate of the American Board of Electrodiagnostic Medicine.

Patient Referral Form

Check all that apply...

Date _____

_____ Consultation

_____ EMG/Nerve Conduction Study

_____ EEG

Patient Information:

Name _____ DOB _____

Address _____

Home Phone _____ Cell Phone _____

Social Security Number _____ Male _____ Female _____

Reason for Referral _____

Insurance Information:

Primary Ins. _____ Secondary Ins. _____

Work-related injury? _____ If yes, complete workers compensation info:

Claim # _____ DOI _____ Allowed Diagnosis Codes _____

Claim Manager Name and Phone # _____

Insurance/WC authorization number (if required) _____

Requesting Physician Name: _____

Office Phone Number _____ Fax _____

If this is your first time referring a patient or if your information has changed, please include:

Office Address _____ NPI _____

Please send corresponding clinic notes, laboratory studies, copies of insurance cards and authorization letters with this form. Please ask the patient to bring all recent MRI and/or CT films or CD's to the scheduled appointment. We will fax this form back to your office with the appointment date and time. We will contact the patient with this information.

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Appointment Date and Time _____