Stephen R. Burton, M.D. *Neurology EEG*
Diplomate American Board of Neurology
4169 Legacy Parkway
Lansing, MI 48911
Phone (517) 393-4200
Fax (517) 393-4202

PATIENT REFERRAL FORM

Please complete the following. We will contact the patient and schedule an appointment and fax this information back to you. Additionally, please fax over any recent office notes, labs, and radiological results.

Consultation requested from:

PATIENT INFORMATION

Name: _____ DOB:_____
Address:_____
City, State, Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

INSURANCE CARRIER – Please fill out all insurance information. (Please enclose copy)

Primary _____ Secondary _____
Contract # _____ Contract # _____
Group # _____ Group # _____

REFERRING PHYSICIAN INFORMATION

Referring Physician _____ Office Contact _____
Phone: _____ Fax: _____
Address: _____
Reason for Referral: _____

Please provide billing numbers requested below.
UPIN _____ Tax ID _____
NPI _____ Medicaid _____
State License _____

Please fax to **517-393-4202**, Thank you for your referral.

**Appointment Date: _____ Time: _____