



Dartmouth-Hitchcock MANCHESTER

Notre Dame Pavilion (at Catholic Medical Center)
 87 McGregor Street, Suite 1300, Manchester, NH 03102
 Referral Contacts:
 Phone: 603-629-8655 or 603-629-8727 Fax: 603-629-8656

Adult & Pediatric Neurology and Sleep Medicine

Date: _____

Patient Name: _____ DOB: _____

Referring Provider: _____ PCP: _____

Contact Phone Number for Patient: _____

Patient Demographics: _____

Patient Insurance information: _____

How soon:

Urgent Appointments : **Please contact the Neurology Office, 695-2940 to discuss urgent appointment needs as follows:**

Adult – any appointments needed in less than 4 weeks from this request

Pediatric – any appointments needed in less than 6 weeks

First Available

Reason/Diagnosis:

Specific Question to be answered:

Please indicate your intention of this referral by placing an “X” in all boxes that apply:

	Office Visit: Consultation only
	Test Only: EEG
	Test Only: EMG (check all that apply) <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Leg <input type="checkbox"/> Other (Please Specify):

Please supply ALL of the following information so we may complete this request:

- 1) Insurance information and Insurance referral if required
- 2) All pertinent office notes
- 3) Contact Name and information to include patients name, address, and contact phone number