



Patient Name: _____ Contact person (if other than pt.): _____ Phone Number: _____ Primary Insurance: _____ Secondary Insurance: _____ Auth # (if required): _____

REQUEST FOR SERVICE

NNI OUTPATIENT NEUROLOGY CLINIC
 3131 La Canada Street, Suite 101
 Las Vegas, NV 89169
 Phone: 702-731-8115
Fax: 702-784-7844

1. Requested Physician:

- Samir Bangalore, M.D. (Epilepsy, General Neurology)
- Stanley Cohen, M.D. (Stroke)
- M. Gabriela Gregory, M.D. (Multiple Sclerosis, General Neurology)
- Tamara Majic, M.D. (General Neurology)
- Earliest available physician

2. Requested Service:

- Consultation (Evaluation and recommendations)
- Transfer of Care (Evaluation and management)
- Consult and testing
- Testing only
 - Nerve Conduction Studies: BUE BLE
 - EMG: RUE LUE RLE LLE
 - EEG – outpatient Routine Sleep deprived
 - EEG – inpatient monitoring: _____# of days
 - VER
 - ERG
 - EOG
 - Median SSEP
 - Posterior Tibial SSEP
 - Microcog Cognitive Screening Battery

3. Diagnosis/Reason for Request:

4. Timing:

- Next available (1-4 weeks)
- ASAP (1-2 weeks)
- STAT (less than 1 wk) may require MD to MD phone call.

5. Requesting office information

MD Name: _____ Office Contact: _____
 Office Phone: _____ Office Fax: _____

Please fax request, insurance cards, and pertinent medical records to (702) 784-7844. Our office will contact the patient to schedule an appointment. Thank you very much!

NNI staff to complete
Appt. Date: _____
Appt. Time: _____
Neurologist: _____