UF Health Neurosurgery – Orlando Health

89 W. Copeland Drive, Second Floor
Orlando, FL 32806
Phone: 321.841.7550
UFHealthNeurosurgery.com

REQUEST FOR CONSULTATION (Fax to 321.841.8185)

Requested Physician Name: ______________________________

Patient Name ____________ DOB ____________ M/F ________

Address ____________ City/State ____________ ZIP ________

Home Phone ____________ Cell Phone ____________ Guardian ____________

Diagnosis ______________________________

Referring MD ____________ MD Email ____________ Contact ________

Address ____________ City/State ____________ ZIP ________

Phone ____________ Fax ____________ NPI ________

PCP name (if different) ____________ Contact ____________

Address ____________ City/State ____________ ZIP ________

Phone ____________ Fax ____________ NPI ________

Please attach copy of insurance card(s)

First Insurance ____________ Phone ____________

Claim Address ____________ City/State ____________ ZIP ________

Policyholder Name ____________ Policy Number ____________ Group # ________

Relation to Patient ____________ Authorization Number ____________

Second Insurance ____________ Phone ____________

Claim Address ____________ City/State ____________ ZIP ________

Policyholder Name ____________ Policy Number ____________ Group # ________

Relation to Patient ____________ Authorization Number ____________

JRG-10152 10/15

IMPORTANT: Attach most recent test results (less than six months) and notes.