



**evada  
neurosurgery**

*The Experts in Spine Care*

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## Referral to Nevada Neurosurgery

Routine Referral

**Urgent Referral**

In order to facilitate your request, please provide the following by fax :

- Current MR/CT/Xray reports
- Office and consult notes
- Insurance Card
- Insurance Authorization (if required)
- Demographics

We will contact your patient within 24 hours and make an appointment

Patient Name: .....

Referring Physician: .....

Patient Telephone: .....

Signature of Physician: .....

Date of Birth: .....

Office Contact: .....

Thank for your your referral!

The Staff of Nevada Neurosurgery