



**SIERRA  
NEUROSURGERY  
GROUP**

# Referral to Sierra Neurosurgery

**TEL: 775-323-2080**

**FAX: 775-323-8216**

## **PHYSICIAN REQUESTED: SEKHON**

*30 Years of Excellence*

**Neurosurgeons**

Joseph R. Walker, MD  
John S. Davis, MD  
Dante F. Vacca, MD  
Hilari L. Fleming, MD, PhD  
Jay K. Morgan, MD  
Deven Khosla, MD  
David C. Leppla, MD  
Christopher P. Demers, MD  
Lali Sekhon, MD, PhD  
Michael S. Edwards, MD

**Interventional Pain Specialist**

Jacob L. Blake, MD

Christine Canner-Peterson,  
MS, APN, CNRN  
Wren Ballard, MSN, APN  
Amber Sands, PA-C  
Jennifer Minard, MSN, APN  
Jennifer Keller, MSN, APN  
Lisa Mandell, PA-C

**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 Sierra Neurosurgery**

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