

1. Patient Information

Last Name

First Name

DOB

Age

2. Choose service:

Research referral ONLY. Diagnosis: _____

Clinical evaluation (select type of evaluation and sign orders)

Cognitive Disorder Evaluation

a) Consultation for:

- Progressive cognitive decline (R41.81)
- Alzheimer disease (G30.0)
- Lewy body disease (G31.83)
- Frontotemporal dementia (G31.0)
- Normal pressure hydrocephalus (G91.0)
- Progressive aphasia (R47.01)

b) MRI brain without contrast (R41.89)

c) FDG PET brain (R41.89)

Movement Disorder Evaluation

a) Consultation for:

- Parkinson's disease (G20)
- Tremor (R25.1)
- Ataxia (R27.0)
- Dystonia G24.8)
- Huntington disease (G10)
- Other

b) MRI brain without contrast (G25.9)

CNS Immune Disorder Evaluation

a) Consultation for:

- Multiple sclerosis (G35)
- Neuromyelitis optica (G36.0)
- Optic neuritis (H46.9)
- Transverse myelitis (G37.3)
- CNS white matter disease (G37.5)
- Other CNS immune disorder (D89.89)

b) MRI brain with and without contrast (D89.9)

c) MRI cervical and thoracic spine with and without contrast (D89.9)

Signed _____ Print Name _____

NPI _____ Office Phone _____

3. Attach face sheet and relevant clinical notes, labs, imaging, etc.

4. Fax completed form and records to 702.483.6007

Main phone: 702.483.6000
Imaging-only phone: 702.701.7948