



Date: \_\_\_\_\_

**Illinois Neurological Institute Referral Center**

Phone: 877-464-6670 • Fax: 877-464-6806

**Reason for Request/Diagnosis:** \_\_\_\_\_

**Please check the requested facility/service and fax completed form with records to 877-464-6806**

**INI Neurology – Randolph Building**

- General Neurology
- Neuro Rehabilitation
- Multiple Sclerosis
- Neuromuscular/MDA
- Headache Clinic

**INI Neurology – Proctor Professional Building**

**INI Neurology – Pekin Professional Building**

**INI Neurosurgery**

**INI Physical Medicine & Rehabilitation**

**INI Gamma Knife Clinic**

**INI Neuro-Diagnostic Center**

**6<sup>th</sup> floor –OSF Saint Francis Medical Center**

- INI Sleep Center
- INI Neuro-Ophthalmology
- INI Neuro-Vestibular Clinic
- INI Epilepsy Center
- INI Stroke Center
- INI Carotid Clinic

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID: \_\_\_\_\_

Has insurance authorization been received? Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization # \_\_\_\_\_

Is this a Worker’s Compensation Case? Yes \_\_\_\_\_ No \_\_\_\_\_

Referring Physician: (First/Last Name) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

**Requesting Provider Signature:** \_\_\_\_\_

**Please fax the following with the completed request form to 877-464-6806:**

- Any relevant office notes and a pertinent summary/problem list
- Current medication list, including OTC and herbal medications
- List of allergies
- Copy of patient insurance card
- Any lab, pertinent x-ray, CT, MRI, EEG, EMG/NCV, Doppler and CT-myelogram reports

**Please circle the type of testing completed and the facility where it was performed**

X-ray   CT   MRI   EEG   EMG/NCV   CT-Myelogram   Doppler studies   Angiogram

OSF   Methodist   Proctor   Great Plains   Peoria Imaging   Other \_\_\_\_\_